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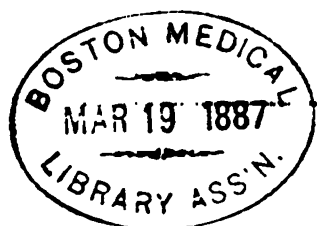
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VOL. VI.

WORCESTER, MASS., JUNE 1, 1886.

No. 1.

Original Articles.

An Improved Mode of Treating Fracture of the Thigh, and other Accidents of the Lower Limbs, without Extension, Splints or Bandages.

By ROBERT NELSON, M. D.

It is admitted, as a rule, that shortening always takes place in the cure of fracture of the femur, unless it be a transverse one, which so rarely happens that it needs no notice in this paper. Besides shortening, more or less deformity—as turning out of the foot, and sometimes stiffening of the knee-joint, follow. To guard against, or remedy these serious results, numerous devices, from the earliest times until now, have been employed, with only partial success. Short splints, long splints, the double-inclined plane, various modes of extension, even that of weight acting ceaselessly, have been had recourse to in vain. The object of these appliances is to maintain the limb of its natural length, and to keep the fractured ends in apposition, in both of which cases they more or less fail; for the short splints can only compress the muscles against the bone at the lower two-thirds of its length, since the bandages or ligatures that confine these splints can reach no higher than the inside of the groin, which is only a little higher than the first third of bone; especially in robust men—in the pyriform thigh of women—and the enormously fat thigh of children. Besides these defects, the short splints exert no control against shortening. They are in this respect useless.

The long splint was invented to remedy one difficulty—muscular contraction, and the consequent shortening of the limb.

This is effected by counter-extending forces hitched to the extremities of the splint. That at the groin losing nearly half of its power by reason of the obliquity of its position and action, more across the thigh than in its long position, and by constant yielding of the soft parts under the strap. Besides these faults, the groin strap produces much pain, chafing, sometimes ulceration, and always irritation—which irritation ceaselessly excites the muscles to that very contraction it is wished to overcome. It exerts no controlling power over the action of the iliacus and psoas muscles, which ceaselessly draws up the pelvic portion of the fractured bone out of the line of the lower one, and to bring down which, the muscles in front are pressed against the projecting edge of the fracture, making another source of irritation. From the straight position it keeps the limb in, the sartorius is not relaxed, but is left in action, twisting the lower fragment on the upper one at the point of fracture by its oblique course over thigh and insertion at the inner side of the head of the tibia. It is this action of the sartorius that twists the knee outwardly, and with it the leg and foot—exact clumsy appliances to correct a created fault, and one that ought not to exist. Maintaining the leg extended on the thigh does not relax the flexors of the leg—that is, the gracilis from the pubis, the semi-membraneous and semi-tendinosus from the ischium to the head of the tibia, and the biceps from the ischium to the head of the fibula—but keeps this large mass of posterior muscles on the stretch, constantly tending to draw one fragment past the other, and so shorten the limb.

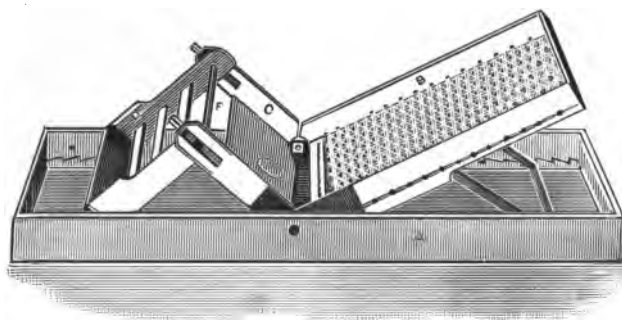
The double-inclined plane has one merit

—that of not pressing the muscles in front against the fractured edge, or of attempting to bring the upper fragment into line with the lower one; but it brings the lower fragment into line with the upper one. Beyond this, the double-inclined plane is as useless as the short splints, since it is applied to only *one* limb, and imperfectly to the pelvis, leaving the fracture subject to the numerous motions of the body, and to consequent displacement. It has never given satisfaction, has given much trouble, and is justly abandoned.

While all these modes of treating fracture of the thigh are physically and anatomically defective, none of them admit of the patient being transported from room to room or to distant places, without injury and risk. They are all followed by shortening, more or less deformity of the limb, sometimes by an impaired knee-joint, and sometimes by absence of union, occasioned by the ends of the fracture riding past each other, and permitting the intervention of soft tissue. Such results I had already seen, when, in 1820, I had a case that terminated disastrously. The patient was a very fat man, and the fracture was at the upper

of the thigh and groin gave so much obliquity to the strap that it acted more across than in the long direction of the limb, soon became imbedded, chafed and gave pain and irritation. Short splints were also employed to depress the cocking up of the pelvic fragment, but proved useless, since the groin prevented the top ligature from reaching high enough up to hoop and stave them down. The termination of the case was a shortening of more than *five* inches, the lower fragment running under and on side of the upper one; no union took place by reason of the intervention of tissues, and there remained great deformity. The reproaches from this bad case set me to thinking how the essential elements for uniting a fractured femur could be obtained; that is, to keep the ruptured surfaces in proximity, and prevent motion between them. The first required relaxation of the flexor muscles of both the thigh and leg; and the second required that the pelvis and *both limbs* should be confined. These ends are attainable by a *triple* inclined plane, secured in a suitable frame to admit of transportation.

NELSON'S TRIPLE INCLINED PLANE.



third. The long splint was employed to effect counter-extension, but it failed in its purpose. His great mass of fat prevented the groin strap from reaching a resistant substance, as this constantly yielded to the pressure; besides that, thickness

CONSTRUCTION OF THE FRAME.

Let an outside frame, A, be constructed of board about six inches high, thirty wide and six feet four inches long. Along the lower edge of this frame, on its inside, let a cleat be nailed, on which the second or

inside is to rest. This inner frame is the important part of the apparatus, and is to be dimensions to fit the inside of the first one. This inner frame is cut into three lengths, B, C, D; one for the head, trunk and pelvis to rest upon; the next portion, C, for the thigh; and the other D, to support the leg. Each piece is to have a bottom made of slats, cane, cord, or tick, to support the bed. The thigh-piece must hinge with the trunk-piece into the outward frame at the centre. The leg-piece hinges on the top bar F, of the thigh-piece, which bar is movable, up or down, by means of a fixed screw, G, let into a slit cut into the sides of the distal end. Turning the two screws will have the effect of moving the top bar up or down, and by this means the length of the thigh-piece can be made to suit a long or a short thigh. A trap door, H, is cut into the lower board of the thigh-piece, about six or seven inches long and four wide, to serve for the evacuations, through which they can pass without disturbing the patient.

The next and last article to be constructed is the mattress, made of curled hair, husks or folded blanket, divided into two portions, one for the trunk to lie on, and the other for the thigh and leg. The thigh mattress must have a piece of the size and place of the trap cut out, and this piece so taken out of the mattress is to be bound round with perpendicular sides, so as to fit exactly whence taken. It must be well quilted through to preserve its shape, otherwise it might become pressed askew, and not give equal support to both ischia. The part of the mattress whence the plug just mentioned has been removed is to have perpendicular sides also.

The mattress is laid on a frame, and over it a sheet, with a long slit in the centre opposite the trap. This sheet ought not to be of hard smooth-ironed linen, for such is apt to chafe soon; cotton is not so bad; the best material is a soft, woolly blanket, for on this the ischia and sacrum

can repose for a long time without heating or chafing.

All is now ready for use, placed close to the patient. Lift him on to the centre. Next, elevate the trunk-piece about twenty or twenty-five degrees. After that, raise the thigh-piece about thirty-five degrees; the leg-piece will fall naturally by its own weight and catch into notches of the cleat below, and in this way secure the thigh and leg at proper angles. When all this is done, lengthen or shorten the length of the thigh-piece by turning the screws G, which will cause the distal bar, F, of the thigh-piece opposite the ham to ride up or down until it has reached the correct length of the sound femur, and, of course, adjust and reduce the fractured one to a corresponding exactitude. It will now be found that the projection of the upper fragment ceases to bulge out the muscles, since the lower fragment is brought into line with that of the upper one, flexed as the ilicus and posoas can draw it; that the "extension" is correct, since both thighs are brought to an equal length.

Should shortening have occurred, it would be well to adjust it a little longer than the correct length, and suffer the pelvis to hang by the hams a little while. This will have the effect of drawing the fragments apart sufficiently to disengage any fibres of muscle that may have intervened. After a short delay, turn back the screws as much as will suffer sacrum to bear on the bed.

All this placing and adjusting is performed without manipulation of the limb, or "setting" as it is called; without pain or violence; without the faulty and inefficient *extension* attempted by means of the long splint. The weight of the trunk slides the pelvis down against the raised thigh-piece; the weight of the pelvis draws the pelvic fragment with itself. The elevation of the thigh brings the lower fragment into line with the pelvic one; the leg, hanging at the ham, across the last bar of

the thigh-piece, draws the lower fragment away from the upper one, and completely prevents contraction; in this way *natural* extension is attained without recourse to the long splint, its straps, bandages, chafing and pain.

The leg, lying on its frame, nearly at right angles with the femur, permits of the complete relaxation of its flexors attached to the ischium and pubis. The sartorius is also relaxed by the flexion of the femur on the pelvis, leaving it in no power to turn the foot outwardly, since the knee-joint is a hinge incapable of rotation, and is kept in correct position by the mere weight of the leg. Hence it is that none of the clumsy appliances had recourse to when the long splint is used are now needed to rectify a foot that is not and cannot be out of place.

Bandages and short splints may be dispensed with; but, as the muscles are apt to twitch at times, and become flabby, a many-tailed bandage may be lapped over the thigh, and a short splint, merely to subject the muscles.

The frame, with the patient on it, may be placed in any convenient part of a room, or removed to another at will, and in summer carried into the yard or garden for the sake of air or recreation; but care must be taken that it rest on the trestles, two chairs, one at the head and foot, or on a table, quite *level* transversely; for, if not, the patient will sag towards the lower side, and derange his position. This fault is remedied by simply putting a wedge under the lower side.

At the time of defecation, open the trap, remove the mattress plug and place the vessel to receive what passes. The operation over, let the nurse wipe the patient, and any part of the mattress soiled, with a cloth or sponge wetted. After this, replace the plug with *exactitude*, so as to make the mattress full and even; shut up and fasten the trap against it. For the urinary discharges, pass a length of 'tubing'

between the plug and mattress, out through the trap, the lower end resting in a vessel, and the upper one fitted with a funnel properly shaped, for male or female, to lie in the perineum, to be used by the patient at will, without the aid or even knowledge of persons present. In this way the patient is kept clean and dry.

Every well-conducted hospital ought to be provided with the frame and bed just described; and the country surgeon in large practice will find it a satisfaction and a profit to keep at least one in readiness for an emergency. Should he have none when called to an accident, he can easily improvise one with the aid of a joiner in a few hours. In case of children, a convenient frame can be quickly made with two pieces of board—one-half to serve as a platform for the other, which is to be sawn into two—one-half for the body to lie on; the other half, sawn into two; one portion for the thighs and the last for the legs to rest on. The body and thigh-pieces to be fixed to the platform-piece with leather or other hinges. Both boards to be cut out, and the thigh one fitted with a trap. The best kind of mattress for a child is made by folding a woolly blanket into several piles; or a *comfortable* will answer; of course the plug must be cut up into this, as in the case of an adult. In children, I have found it useful in practice to pass a roller across the pubes and ilia, and tie the ends under the trunk-piece; the same, in case of *delirium tremens*, will effectually confine the patient. This mode of treating children has many advantages over any other; two may be mentioned: 1st. The difficulty of splitting their fat thigh is avoided; next, 2d. A child is fretful when left without company, as in the case of poor people. The mother can do her work, and carry her child to be present and amused.

This mode of treating fractured thigh is useful in many disorders of the lower limbs; as in hip-joint cases—even to lie on at night in the early stages of coxalgia—in cases of resection, sinuses, etc., and admits of cleanly dressing.

Progress of Medical Science.

PYRIDINE IN ASTHMA.—Pyridine is the product of distillation of pit coal, and is a liquid, colorless, very volatile, and has a strong and penetrating odor. The best way of administering it is to put one drachm in a saucer, in the centre of a small room, the patient inhaling it with the air. It is used also in cardiac asthma and oppression.

COCAINE IN ROSE COLD.—Apply four per cent. solution in nose with medicine dropper. This gives benefit by local insensibility, and contraction of vessels.

COCAINE IN HYDROPHOBIA.—Applied to the pharynx, a delightful relief was experienced, which pleasant state of things however only lasted half an hour. Recourse was then had to chloroform.

In a case of diphtheritic paresis in which muscles respond to the faradic current, Professor Bartholow directed that this form of electricity should be used regularly; and internally should be taken:—

℞ Strychninæ, - - - - - gr. j
Acid. phosphorici dil., - - - fʒ j M.
Sig.—Ten drops ter die.

In addition,—

℞ Syr. hypophosph. cum ferro, fʒ j.
Sig.—Ter die.

DR. D. W. YANDELL reports success in the prophylaxis of asthma, by the use of bromide of potash morning and night, with the addition of a hundred and twenty-fifth of a grain of sulphate of morphia, just before bed-time.

TREATMENT OF CHANCROIDS.—The *College and Clinic Record* says that Professor Gross treats chancroids, seen within a few days of their appearance, as follows: Wipe out the sore and under the edges thoroughly with cotton, then apply with another bit of cotton carbolic acid, being careful to touch all the raw surface and to get well under the undermined edges. The pain caused by the application is but momentary, and

is followed by a sensation of numbness, which prevents pain from further manipulations. Now, with a bit of cotton wrapped on a match, touch the ulcer with strong nitric acid. This will destroy whatever poison there may be left. Protect with a bit of cotton. Have the patient bathe penis in warm alkaline water three or four times per diem. If the prepuce covers the sore, let him use a wash:—

℞ Cupri sulphat., - - - - - gr. ⅞
Acid. tannic., - - - - - gr. ij
Aqua, - - - - - f ʒj. M.

Place a piece of cotton cloth between the glans and prepuce. A bubo can be aborted by injecting into it an eight per cent. solution of carbolic acid, and the use of compression. If already formed, it may be treated as the original sore.

HOW TO REDUCE A COLLES FRACTURE.—After depreciating the unsatisfactory manner in which directions are given in most surgeries, for the reduction of Colles fracture, Dr. Hunter P. Cooper, late surgeon to the Presbyterian Hospital, in New York, writes as follows: "Of course, reduction is effected with more ease and with more marked benefit to the patient if it is done within a few hours of the occurrence of the injury. I am convinced that immediate reduction lessens the subsequent inflammation, and as a consequence less adhesion takes place between the tendons and their sheaths. Hence our first effort should be to disentangle the fragments. This is best done as follows: Grasp the patient's hand firmly, as if you would shake hands with him; the other hand is placed over the patient's wrist so that the thumb lies over the posterior aspect of the lower fragment, while the fingers lie over the anterior aspect of the upper fragment. While an assistant steadies the forearm, you carry the hand strongly backward—i. e., produce hyper-extension, in order to disengage the upper fragment from the cancellous tissue of the lower. As soon as this is done, press

the lower fragment forward with the thumb, counter-pressure being made by the fingers on the upper fragment. Simultaneously with this pressure, carry the hand rapidly into flexion, at the same time bearing towards the ulnar side, and the fracture is reduced. The ease with which reduction is accomplished by this method of hyper-extension will astonish any one who has struggled in vain to effect it by simple traction and pressure.—*Atlanta Medical and Surgical Reporter*.

NEUROMATA OF THE ABDOMINAL WALLS.

—Dr. Marion-Sims presents a number of small neuromata of the abdominal walls, from a patient who had always been in good health until her marriage, at the age of seventeen, after which she began to suffer extreme pain. An operation for vaginismus gave complete temporary relief. She then became pregnant, pain developed in the region of the left ovary, and before the termination of pregnancy she had repeated hysterio-epileptic convulsions. Her symptoms became worse after the birth of the child, and laparotomy was performed. Both ovaries being found diseased, they were removed; the left one was much enlarged and cystic. After three weeks she was able to sit up, and was for the first time in many months free from pain and convulsions. Two weeks later she began to complain of violent pain in the walls of the abdomen; the seat of the pain at each spot could be covered by a ten-cent piece. Examination revealed small nodules, which were removed under cocaine injections, and complete relief followed. Some days or weeks afterward the pain returned, and, another tumor being found, they were removed, with complete relief. There had been no pain since the last operation. The tumors were of the size of a pea, and, so far as an examination had been made, it pointed to neuromata. He had found no account of a similar case.

SEPTICÆMIA FOLLOWING THE INTRODUCTION OF A URETHRAL BOUGIE.—Dr. R. Van

Santvoord presented specimens removed from the body of a man, aged seventy-three years, who was admitted to Randall's Island Hospital, December 2, 1885, suffering from a deep urethral stricture of small size. The house physician passed a urethral bougie, which was followed by a chill, pains in the back and loins, etc., but there was no fever until after the second day. Then fever developed, with vomiting, headache, diminution of the urine, which continued to contain albumen, stiffness of the neck, pains in the joints, a soft systolic murmur over the apex, not transmitted, and subcrepitant râles over both pulmonary lobes. The patient died on the eighth day after the introduction of the bougie, having had for the last two days of his illness the symptoms of cerebro-spinal meningitis.

CARCINOMA OF THE CERVIX UTERI, INVOLVING THE WALLS OF THE BLADDER AND URETERS.—The chairman presented a specimen, for which he was indebted to Dr. Lyons, illustrating carcinoma of the cervix uteri, involving the walls of the bladder, causing complete occlusion of one ureter, and partial occlusion of the other, and ending on one side in pyelonephritis, and on the other in pyonephrosis.

A BURDEN FROM ABROAD.—The number of insane persons in the asylums and almshouses in New York State is thirty-three per cent. greater than it was five years ago. This increase comes almost wholly from the shipment of insane men and women to this country from Europe. There can be no doubt about this. The fact has been established by the testimony of our State Board of Charities, and of the officers of the institutions in which the insane are confined. There are 3,351 insane persons in the State asylums of Massachusetts, and there were only 2,387 in them seven years ago. Here is an increase of forty per cent., a great part of which is due to the attempts of European nations to unload their burdens upon us. The Federal census of 1880 showed that one out of every 254

persons of foreign birth in this country was insane, but only one out of 662 persons of American birth. The difference in the State of New York was even greater, the proportion for those of foreign birth being 1 to 192, while the proportion for those of American birth was only 1 to 497.

The number of paupers sent here from foreign countries has greatly increased in this State in the last two years. This increase has been caused by defects in the immigration law and by lax administration of that law. It is notorious that European nations for some years have been shipping paupers to our ports. Sixty per cent. of the paupers in New York State in 1880 were of foreign birth, although only 24 per cent. of the inhabitants of the State had been born abroad. Since that year the whole number of paupers in these institutions has increased by 25 per cent., and the increase in number of paupers shipped from abroad has attracted much attention.

The people of New York should strive to secure the enactment of more rigid laws concerning immigration, and should insist upon a strict enforcement of the laws we now have. The great stream of immigration pours in at this port. Thousands of immigrants, sound in body and mind, go through the State to the west. The insane and the paupers stop here. They fill the asylums, and the people must pay for their support. Moreover, a majority of the vicious and lazy stop here. The additional tax which must be paid for the support of the imported insane and the imported paupers is more than doubled by the other tax imposed by the evil work of the vicious and the lazy.

If there is any State deeply interested in immigration laws it is the State of New York. Every taxpayer and every workingman is injured when the paupers and the insane and the vicious of Europe are allowed to gain a residence here. The State's representatives in Congress should make this matter the subject of careful thought and investigation.—*N. Y. Times.*

DEPRESSED FRACTURE OF THE ZYGOMATIC ARCH, CAUSING IMMOBILITY OF THE JAW.—M. F., aged 36 years, stepped on a long pole, which threw him down; the right side of his head struck the pole, producing a depressed fracture of the zygomatic arch. It caused considerable pain and swelling. On opening and shutting the mouth a kind of friction sound and rubbing sensation was noticed at the seat of injury. This gradually increased until it was with difficulty that he could close his mouth. While chewing a piece of meat he suddenly found it impossible to close his mouth, which remained open, with the teeth of the two jaws about two inches apart. He could, by an effort, separate the jaws a little further, but was incapable of bringing them together. The deformity resembled a dislocation.

It was at this time that I first saw him, he having been brought to Dr. Levis' office by his family physician. On examination, it was found that the zygoma was fractured a little posterior to the suture, and that the posterior fragment was greatly depressed, with either a decided bend, or perhaps, another fracture further back near the tubercle.

The coronoid process of the inferior maxilla was caught against the depressed fragment, which accounted for the fixation of the jaw.

As it was impossible to reach the depressed fragment, to elevate it, either externally or through the mouth, Dr. Levis made an incision of half an inch, just above the zygoma; then with an elevator, such as is used for elevating depressed fractures of the skull, he raised the depressed fragment into position, which immediately allowed the jaw to close easily. I have not been able to follow the subsequent history of the case.—C. L. Bower, M. D., in *Poly-clinic*.

RESPIRATION.—The following volumes of air concerned in respiration play an important part in connection with the local

treatment of pulmonary disease, and they demand careful consideration:

1. *Residual Air*.—That which is not and cannot be expelled by a forced expiration, 100 cubic inches.

2. *Reserve Air*.—That which can be expelled, but which is not changed in ordinary respiration, 100 cubic inches.

3. *Tidal Air*.—That which is changed in ordinary respiration, 20 cubic inches.

4. *Complemental Air*.—The excess over the ordinary breathing air, which may be introduced by a forcible inspiration, 110 cubic inches.

It is therefore possible, according to these data, to voluntarily increase the energy of respiration tenfold, and, by doing so, there must result an accelerated circulation of the blood through the lungs, increased osmotic action, a greater rapidity of gaseous diffusion, and a mechanical expansion of lung tissue—all of which influences seem certainly indicated for operation against the tendencies of degenerative lung disease.

The superficial respiration of consumptives is well known to favor further consolidation of lung tissue, as well as the retention of products of degeneration.—*New York Medical Journal*.

ARTIFICIAL COCAINE.—Merck is said to have prepared cocaine by synthesis. Cocaine is benzoic methylecgonine. Benzoic ecgonine is treated with iodide of methyl in slight excess, in the presence of methylic alcohol at 100° C.; the excess of iodide and methylic alcohol is driven off by heat; from the resulting syrupy liquid cocaine is extracted. This artificial cocaine melts at 98°, like its prototype, and it possesses all the reactions of the natural product.

CHLORAL AS A VESICANT.—Hydrate of chloral has, according to the *London Medical Record*, been successfully employed instead of cantharides for blisters. For this purpose powdered chloral is sprinkled on previously slightly warmed adhesive

plaster. Vesicles are raised by it in about ten minutes. The advantages of this blister over other kinds are rapid and perfectly painless action, and absence of any of the troublesome effects sometimes caused by cantharides.

TRANSPLANTATION OF TENDONS.—Dr. Assaki states that it is possible to replace a portion of a tendon an inch or more in length by a similar piece taken from another animal. When the operation is performed under antiseptic precautions union takes place in about a week, without any impairment of function of the tendon, which glides into its sheath normally, unrestricted by adhesions. He has made successful transplantations, not only from one animal to another of the same species, but from dogs to rabbits, and the reverse, and even from birds to mammals. Subsequent examination showed complete union of the sutured tendons, the only trace of the operation being an increased vascularization of the tendon sheath. The author argues that the operation ought to be equally successful in the human subject. In his experiments the transplanted portions were united to the divided tendons by catgut sutures, and strict antisepsis was maintained.—*St. Petersburger Med. Wochenschrift*.

A LARGE FIBROID TUMOR.—Dr. Atherton, on October 22d last, removed a fibroid tumor of the uterus weighing about sixty pounds. The patient was thirty-five years of age, and the tumor first showed itself immediately after marriage, twelve years ago. Its seat of growth was in the anterior wall of the uterus and was firmly adherent to the abdominal walls, evidently receiving a large part of its blood-supply through the enlarged branches of the epigastric arteries. The patient gained twenty-eight pounds since the operation.—*Canada Medical and Surgical Journal*.

NEW METHOD OF PASSING STRICTURE OF URETHRA.—Dr. Willis P. King, of Sedalia, Mo., in the *St. Louis Courier of Medicine*, for March, 1886, describes

an extemporaneous method of enabling the physician to pass a urethral sound or catheter in cases of urethral obstruction or stricture, which our readers may find worth remembering. So far as Dr. King knows, the method is entirely original with him, and he has successfully adopted it in only two cases in which he has had occasion to try it. The method, briefly stated, consists in passing a small catheter into the urethra down to the seat of stricture, or obstruction, until it will go no further. Then affix the nozzle of a suitable syringe, filled with water, to that end of the catheter which is outside the penis; and after sufficiently compressing the head of the penis with the thumb and finger, to prevent regurgitation of the fluid, inject the water into the urethra. This injection will sufficiently dilate the stricture to allow the catheter with slight pressure, to pass through into the bladder. In the want of a syringe, the mouth may be filled with water, and similarly squirted through the catheter with the same effect. After the catheter has thus made its way into the bladder, it may be withdrawn, and a properly-sized catheter, or sound divulsifier, immediately introduced. He reports two cases—one of his own boy-baby, ten months old, whose urethra was obstructed by the pressure of a perineal abscess, which abscess resulted from a retrocession of measles. The child had not urinated for thirty-six hours, although catheterization had been skillfully attempted by a medical friend. Dr. King passed a rubber catheter down to the obstruction in the membranous portion of the urethra, where it stopped. He took a mouthful of water, and putting his mouth over the end of the catheter, and using it for a syringe, gently and steadily forced the water into the catheter—at the same time holding the catheter with the left hand, while he gently dresses down the catheter with the right hand. The water opened up the way, and the catheter passed into the bladder, and a

stream of urine flowed out, to the instant relief of the patient. The operation was repeated until the abscess burst—thus relieving the constriction of the urethra. The other case was that of a friend, who had two urethral strictures as a result of gonorrhœa years before. Under an eminent surgeon, the first stricture, three inches from the meatus, was partially dilated, but he could not enter the second stricture, which was just anterior to the prostate. The operation of urethromy was declined by the patient. The urine came away only in drops, and oftentimes only after relaxation of the sphincter ani, when he came under Dr. King. After etherization, Dr. King tried to pass a No. 2 bougie, but failed. Larger instruments could not be entered. The filiform instrument belonging to Gouley's divulsor also failed. Then he introduced a No. 6 silver catheter, down to the stricture, attached the nozzle of a rubber syringe, filled with water, to the end of the catheter, and holding the urethra tightly around the catheter, he forced the water through the catheter into the bladder. After doing this forcibly and rapidly two or three times, he followed the passage of the water by gently pressing the end of the catheter toward the open space between the thighs. *The catheter passed into the bladder.* He then withdrew the catheter, and passed Gouley's divulsor and divulsed the stricture. The after-treatment was as usual.—*Virginia Medical Monthly.*

CHOLERA has appeared in Lecce, the capital of the province of that name, and is spreading rapidly. Several suspicious cases have been discovered at Milan.

DOCTORS AND DENTISTS TURNED LOOSE.—At Philadelphia, Pa., May 12, one hundred and eighteen young medical doctors and 41 dentists were graduated at the annual commencement of the Department of Medicine of the University of Pennsylvania.

Eastern Medical Journal.

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WORCESTER, MASS., JUNE 1, 1886.

The Eastern's New Departure.

With this issue of the EASTERN MEDICAL JOURNAL, begins a new departure, which, we feel sure, its many readers will appreciate.

The size of the Journal will be nearly doubled; the matter is set with new type, arranged in double columns, thereby lessening the task on the eyes of the reader. The Journal will be issued monthly.

We have thought best to commence a new volume with this number, as the larger sized pages will not admit of binding with the old numbers.

Our New York editor, Dr. C. E. Nelson, will be retained in the management of the editorial department. His long experience has given him a knowledge of what will interest and profit its readers.

As the medical profession above all is experimental, and empiric, the Journal will be independent, and deal with all schools honestly, binding itself to none. Its pages are open to any who will write intelligently and pithily on medical subjects. We propose to recognize all sensible efforts to benefit the profession.

Modern Treatments of Talipes.

In the *New York Medical Journal*, of April 17, Dr. Gibney gives a résumé of modern treatments of talipes, as also accounts of his own methods. Among orthopædists, opinions are still very different as to the propriety of tenotomy—the choice of subcutaneous, or open section—and immediate or subsequent redressment. An important point that the reader may note for himself, is, that a general surgeon, who has had experience in orthopædic operations can turn out as good work as the professed orthopædist. Dr. Gibney advises that the treatment should be commenced soon after birth.

TARSOCCLASIS.—The foot is broken with the tarsoclast, without breaking the skin. This method is analogous to the operation of the osteoclast. Projecting bones may be cut off, or out; wedge-shaped pieces of bone may be removed from the tarsal articulations. This is safe, being performed under antiseptic precautions.

Talipes is very liable to a *relapse*; this frequently when cicatricial tissue remains after tenotomy. This relapsing condition may necessitate several *successive tenotomies*.

DIVISION OF LATERAL AND PLANTAR LIGAMENTS.—This practice has been followed in England, when tenotomy has proved inefficacious. After syndesmotomy, complete and successful redressment has been effected.

NERVE IMPAIRMENT.—This has been noticed sometimes, the condition lasting a few weeks to a few months.

Another method is, "the open method, with the free division of all the soft parts that offer resistance," carrying the incision

down to the bone. "In extreme plantar equinus, Shattuck and Parker, in London, divide the interior calcaneo-euboid; internal lateral, internal calcaneo-scaphoid, and the ligaments which unite the scaphoid and cuneiform bones."

At the same time it must be remembered that Prof. Roberts, at the New York Postgraduate, cures talipes by elastic tension straps, *without operation*.

Malarial Germs.

For the benefit of our readers, we will make a few annotations from the first article in the May 1 number of the *New York Medical Record*, by Sternberg, on the subject of Malarial Germs.

Sternberg, of the army, from his exactness and truthfulness, is now held as a high authority on the subject of germs.

Dr. S. now discredits the alleged malarial bacillus of Klebs and Tommasi-Crudeli, although at the time, it was believed by other competent observers to be the cause of malaria.

Dr. S. went to Rome, and was there shown specimens identical with a bacillus discovered by Laveran, of Paris; the Roman observers agreeing to the latter. Laveran found identical microbes when he was in Constantine, Algeria. Dr. S. seems to be satisfied that the bacillus (or rather appearances) shown him in Rome, by Marchiafava and Celli, is correct. These appearances, seen by Laveran, are the following:

In the malarial blood and tissues are dark colored granules, and irregular masses of pigment (these had been previously known); these are in the spleen and outside vessels, as the melanæmia causes the

pigment deposit in the former. "Pigment is produced by a change in the hæmoglobine of the *red corpuscles*, which are *destroyed* during the febrile access. These granules are taken up by the *white corpuscles*, in the interior of which they are found; finally, these white corpuscles are *destroyed* in the spleen and other organs, where their burden of pigment is deposited." The "outlines of red corpuscles may not be seen, in which are the pigment granules; but clear spaces take their place. The pigment granules are also within a *hyaline mass*, within the blood corpuscle."

"These masses can be differentiated by obtaining reagents, as methylene blue, or visuvine." They are seen in pernicious malarial fever, and are most numerous in the blood during febrile access.

Mobile filaments proceed from the pigment granules. These form the supposed malarial bacillus.

Retinitis Albuminurica during Renal Affections.

An article on the above subject appeared in the *New York Medical Journal*, April 17, by Dr. W. O. Moore, Professor of Ophthalmology, at the N. Y. Postgraduate. Averaging from the statistics of European authors, Dr. Moore states that "about twenty-three per cent. of patients with renal inflammation have disorders of vision at some period of the disease. In many cases the renal disease is well established before the eye symptoms present themselves, and very often the eye lesion is the first indication of general disease." Retinitis albuminurica may occur in every form of renal inflammation, as in *semlyoid* degeneration; but more commonly associ-

ated with the *granular* or *contracted* kidney. It occurs during pregnancy, and after scarlatina; also spontaneously.

"Patients experience a gradual failure of sight, everything appearing blurred and smoky. Failure of vision may come on rapidly, generally in both eyes simultaneously; rarely in one eye.

ANATOMICAL APPEARANCES. — Firstly, congestion. Subsequently, "cloudiness of optic papilla and adjacent retina; veins large and tortuous; arteries smaller, or normal; blood extravasations; white spots." Cloudiness only absorbs completely afterwards, in the forms following scarlatina, and accompanying pregnancy.

RETINITIS ALB. IN PREGNANCY.—This may come from the second to the ninth month. During the second, and every succeeding pregnancy, or only occurring at the twelfth. Total blindness, or partial sight failure may be recovered from afterlabor; "others, less fortunate, remain partially blind." This condition "is more apt to occur during *the last four months*. It may occur after abortions.

Abortion, artificially produced, is the cure. In regard to prophylaxis, a discontinuance of conception.

Gelatin Coated Granules of Rare Drugs and Alkaloids.

We think no physician will to-day deny the great advantages to medicine, resulting from the work done by the manufacturing pharmacists, during the last decade. This gain to medicine is especially noticeable, when we review the work done by those pharmacists who have been working in harmony with the interests of the medical profession.

With the advantages of capital and

skilled investigators and experimentors, such pharmacists have been able to place before physicians, far more concentrated, accurate, convenient and agreeable methods of medication.

Among these improved forms for administering medicines may be mentioned the Granule, which is especially serviceable in administering medicines, the dose of which is small, such as rare drugs and alkaloids, which recent therapeutic research has added to the *materia medica*.

No house has been more active and successful in its efforts to establish the practice of pharmacy and medicine on a scientific basis than Parke, Davis & Co., who have not only been identified with the introduction of many new and valuable drugs, but are always endeavoring to improve upon and perfect the methods of medication in vogue.

For the convenience of physicians who desire to employ in their practice the rare drugs and alkaloids, of the value of which, medical literature now speaks so highly, these pharmacists have prepared gelatin coated granules of hyoscyamine, pilocarpine hydrochlorate, scillitoxin, convallamarine, physostigmine, salicylate, muscarine sulphate, adoniin, colocynthis and colchicine, which are put up in bottles of 25 each, instead of in the usual style of bottles of 100 and 500.

These small vials will enable the physician to obtain these granules from his druggist in original packages, and will render it unnecessary for the druggist to buy a large quantity to fill a small order. To the physician and pharmacist both, it is believed these granules will be most acceptable.

Notices, Reviews.

CLINICAL LECTURES ON ORTHOPÆDIC SURGERY, delivered at the Philadelphia Hospital, by A. Sidney Roberts, M. D. Nos. 1, 2, the etiology, morbid anatomy, varieties and treatment of Club Foot.

DIPHTHERIA AND ITS MANAGEMENT.—Are membranous croup and diphtheria distinct diseases? By J. E. Winters.

QUARTERLY BULLETIN OF THE CLINICAL SOCIETY OF THE NEW YORK POSTGRADUATE MEDICAL SCHOOL AND HOSPITAL.—Edited by the Executive Committee. A handsome volume, containing highly important papers; the subjects being classified.

Medical Items.

A CASE SIMULATING ABDOMINAL PREGNANCY AT FULL TERM. CÆSAREAN SECTION AND REMOVAL OF A LIVING CHILD WEIGHING SEVEN POUNDS.—A paper with this title, by Dr. John S. Coleman, of Augusta, Ga., was read by the secretary, before the American Surgical Association.

February 27, 1886, the writer was requested to see B. A., colored, a primipara, twenty-four years old. The attending physician believed her to be the subject of extra-uterine pregnancy. She thought herself at the end of gestation, and for three days had suffered with pains, which were quieted by the administration of laudanum. The entire abdomen was greatly distended, particularly in the upper portion. Vaginal examination showed procidentia, the os projecting three inches beyond the labia. The os was sufficiently patulous to permit the entrance of the index finger. Rectal examination gave negative results. Palpitation and auscultation showed the position of the fœtus to be dorso-anterior, and the presentation obliquely transverse. The placental souffle could not be heard. The abdomen was so large and the foetal heart sounds were so distinct, that the writer

also concluded that the case was one of extra-uterine pregnancy. The patient was examined by a number of surgeons, who agreed in the diagnosis. The history and the symptoms indicated that the patient was at the full term of pregnancy, and it was decided that immediate surgical interference was imperative.

On March 3, the patient was operated upon. An incision six inches in length was made in the linea alba. The tumor exposed much resembled the gravid uterus. The incision was extended above the umbilicus, and it was positively determined that the case was one of uterine pregnancy. The uterus was drawn forward and its anterior wall cut through. He had not conceived it possible for the uterine tissue to be prolonged from the epigastrium to three inches beyond the vaginal outlet. A vigorous female child, weighing seven or eight pounds, was removed. The hæmorrhage was not great. The placenta was removed without difficulty. The incision in the uterus was closed with deep and superficial catgut sutures. The peritonæum was closed with a continuous suture, and the abdominal wall with hair-lip pins and superficial sutures. Antiseptic precautions were adopted throughout the operation. Septicæmia developed, and the patient died in four days. At the autopsy there was found no decided injection of the peritonæum. Two moderate-sized clots were found on the peritonæum. The cavity contained nearly a quart of bloody serum. The uterus was of one-half its former size, measuring, from fundus to os externum, twelve inches. The cervix measured six inches. The wound was found gaping throughout.

NEW YORK STATE BOARD OF EXAMINERS.—Dr. T. H. Allen has been appointed Examiner, in the place of Dr. S. O. Vanderpool, deceased. Dr. Allen is visiting surgeon to the Charity Hospital, N. Y., and has won a place among the foremost gynecologists of that city.

THE MICROBES HAVE HAD THEIR DAY.—The discovery by M. Gauthier of the part played by ptomaines and leucomaines is a terrible blow to the microbial theory, as it has been demonstrated that the non-elimination from the body of dead animal matter is the source of all human ailments. Professor Peter has always been violently opposed to the bacillary theory of the etiology of disease, and looks upon the discovery of ptomaines and leucomaines as a new era in medicine. Although he himself had foreseen the existence of such elements as causes of disease, it was left for M. Gauthier, the eminent chemist, to formulate his theories in a more scientific manner.

This new theory formed the basis of a very interesting paper read by Professor Peter at the Academy of Medicine, in which he makes out that this new theory of auto-infection is quite compatible with clinical observation, whereas the microbial theory is so shrouded in mystery that Koch himself has been induced to considerably alter his opinions respecting the rôle of the comma bacillus in the development of cholera, and now declares that the disease is caused by a ptomaine secreted by a bacillus.

In concluding his paper, Professor Peter made the following remarks: "M. Gauthier has shown that in the dead body, and even in the living, ptomaines are found; these alkaloids, ptomaines or leucomaines, are absolutely toxic; auto-infection, characterized by hyperthermia, is the result. This theory rids us, at least for a time, of the tyranny of the microbes. If urea, which is an alkali, is constantly formed in our organism, why should there not be also formed an alkaloid in it? It is only a question of degree. Life is a contingent phenomenon; it is a series of partial deaths. It may, therefore, be said that we carry in ourselves while living a portion of our own corpse, but we resist the work of auto-infection by two distinct mechanisms—the elimination of the toxic substance and its

destruction by oxygen. We should no longer hesitate between the parasitic doctrine, which is as luminous as it is precise, which explains the phenomena of normal and abnormal life."—*Paris Letter to Lancet*.

AMERICAN ADDRESS BEFORE THE BRITISH MEDICAL ASSOCIATION.—Dr. John S. Billings has accepted the invitation of the president of the British Medical Association, to deliver the address before the Association, which was to have been given by Dr. Austin Flint.

THE JOURNAL OF RECONSTRUCTIVES is devoted to the discussion of matters relating to dietetics and alimentation. The April issue contains papers by J. Milner Fothergill, W. J. Playfair, Arthur V. Meigs, Geo. B. Flower, Chas. L. Dana and L. Mitchell. It enters a new field and one of great importance.

VANDERBILT CLINIC.—In addition to the munificent donations to the New York College of Physicians and Surgeons, made by Mr. Vanderbilt during his life, and the foundings of the Sloan Maternity Hospital by Mr. Vanderbilt's daughter, still another contribution from his four sons is recently reported. The sum of \$250,000 is given for the erection and endowment of another building to be known as the Vanderbilt Clinic. There will be a free medical dispensary on the first floor, an amphitheater for clinical purposes on the second floor, together with a number of small rooms for private instruction, or instruction in specialties.

The New York College of Physicians and Surgeons is undoubtedly now the best endowed medical college in the country. We look to that institution to take a step forward in requiring more thorough work before graduating than is demanded by other New York schools.

THE Sanitary Board admits that Asiatic cholera has broken out at Brindisi, and has ordered that all arrivals at other Adriatic

ports from Brindisi be quarantined one week.

AFRAID OF BURIED GERMS.—Of Hartford, Ct. When the town divided its old farm into building lots it was debated by the committee whether the small pox burying grounds should be divided also. It was finally decided to level it off and rail it in for a park. This order has been fully carried out, and some squeamish persons now assert that the park is certain to be a source of great danger, alleging that the germs of small pox buried with the clothing of the patients practically never die. It is feared they may be accidentally dug up and the contagion spread.

DEFINITION OF INSANITY.—The Society of Medical Jurisprudence and State Medicine met recently at No. 12 West Thirty-first street, New York. A resolution was adopted directing the secretary to inform the Secretary and the President of the National Congress of Psychiatry at Antwerp and the physicians appointed to frame an international classification of insanity that Mr. Clark Bell, a member of that commission, was neither an alienist nor a physician, and that the members of the society would decline to cooperate with him. The order of the evening was the debate of the question, "In the absence of any uniformly accepted definition of insanity among alienists, is it wise to establish a legal definition?" Dr. E. C. Spitzka, on behalf of the medical profession, opened the debate, and expressed himself as opposed to a fixed statutory definition of insanity, as he did not think it practicable. H. H. Russell, on behalf of the legal profession, disagreed with many of his opponents' arguments, and arrived at the conclusion that the term insanity should never be applied except when the patient was beyond recovery of his reason. Dr. Hammond said that there was a difference between legal and medical insanity, and that a man might be medically insane and yet be held by

the law to be sane. He approved the New York standard that a man was insane when he did know right from wrong, nor the nature and consequence of his acts.

PASTEUR'S RUSSIAN PATIENTS.—The first statement of M. Pasteur since the recent deaths of the Russians at the Hôtel Dieu has just been made before the Board of Health. Referring to the case of the who succumbed to hydrophobia on March 22 last, M. Pasteur said that the man had been bitten by the mad wolf on March 1. He was inoculated on the 14th, and the first symptoms of hydrophobia manifested themselves on the night of the 19th. Part of a tooth of the wolf was found lodged between the frontal bone and the skin. After death some of his medulla was removed, so as to make experiments with the rabid virus deposited in it by the wolf. About March 24, two rabbits and two guinea-pigs were trepanned at the laboratory and inoculated with this virus. A dog was also inoculated in the same way, and another dog was simply injected with the lymph. All these animals, said M. Pasteur, are still going on all right, which proves that the Russian died of hydrophobia caused by the wolf bite, not from the preventative virus with which he had been injected. The man had five more injections to receive at the time of his death. M. Pasteur further stated that the Russians at the Hôtel Dieu were all bitten in the head, and their wounds have not yet been healed, just as was the case with the young girl Peltier, whose wound was still bleeding after thirty-seven days. One of the other Russians who has since died was bitten round the neck, and the virus probably fermented in the sublingual maxillary glands a very short time after the bites. Finally, M. Pasteur declared that in his opinion the death which had occurred proved nothing against the efficacy of the prophylactic method, for, independently of the infliction of the bites by a mad wolf, the wounds in the heads and necks of the patients were

very dangerous. Up to the present moment 640 persons bitten by dogs had been inoculated without accident. Of these, about ninety-five in every hundred had, according to the testimony of doctors or veterinary surgeons, been bitten by mad dogs. —*Paris Correspondence London Daily Telegraph.*

THE Russian woman who was bitten by a mad wolf, and who had been under treatment by M. Pasteur for the prevention of hydrophobia, died April 24, of the malady. The failure of treatment in her case is ascribed to the delay in its commencement. Prof. Roscoe, the celebrated English chemist, and four other British medical scientists have arrived there to study M. Pasteur's system.

THE HARVARD MEDICAL SCHOOL.—Dr. R. T. Edes, Jackson Professor of Clinical Medicine, has resigned, and it is understood that he will take up his residence in Washington, D. C.

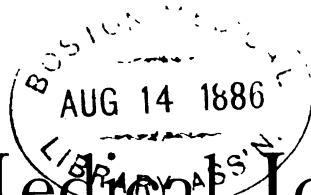
THE BOSTON CITY HOSPITAL.—On the 17th inst. the twenty-second annual report of the trustees was presented to the Board of Aldermen, showing the daily average of 315 patients during the year; 8,271 outpatients had been treated. Several instances were mentioned of the abuse of the privileges of the hospital by persons able to pay the usual fees. One case was that of a landlord who occupied a free bed for several months, his tenants coming to him semi monthly, on visiting days, to pay their rent. The establishment of a home for the nurses was reported to have been followed by an improvement in their health, and consequently in the character of their work.

THE MASSACHUSETTS STATE BOARD OF HEALTH.—At a recent meeting of the council, Governor Robinson made the following nominations for the new State Board of Health: Dr. Henry P. Walcott, of Cambridge, seven years; Dr. Elijah U. Jones, of Taunton, six; Julius H. Appleton, of Springfield, five; Thornton K. Lothrop, of Beverly, four; Dr. Frank W.

Draper, of Boston, three; Hiram Mills, of Lawrence, two; James White, of Boston, one. The nominations were all confirmed by the council under a suspension of rules.

THE MASSACHUSETTS MEDICAL SOCIETY will hold its one hundred and fifth annual meeting in Boston, on Tuesday and Wednesday, June 8th and 9th. The following papers are included in the programme: "Abuse of Medical Charity; a Remedy applied in 3,000 Cases of Out-door Patients; Results," by Frederick F. Dogget, of Boston; "Does the Law recently enacted by the Legislature prevent the spread of Scarlet Fever?" by Dr. John L. Hildreth, of Cambridge; "The Present Status of Bacterial Pathology, and its relation to Therapeutics," by Dr. Albert N. Blodgett, of Boston; "The Management of Cases of Rigidity of the Os Uteri in Labor," by Dr. William E. Boardman, of Boston; "A not well recognized source of Domestic Poisoning, with Cases," by Dr. Charles Harrington, of Boston; "Abdominal Cellulitis," by Dr. Julian A. Mead, of Watertown; "An Epidemic of Malaria in Eastern Massachusetts in 1885," by Dr. Zabdiel B. Adams, of Framingham; "The Causation and Treatment of Lateral Curvature," by Dr. Edward H. Bradford, of Boston; "Some of the Results of Fractures," by Dr. Joseph E. Garland, of Gloucester; "The Ætiology and Treatment of Summer Diarrhœa of Infants," by Dr. Henry C. Haven, of Boston. Dr. Richard M. Hodges of Boston, will deliver the annual discourse on Wednesday, at 12 o'clock, and the annual dinner will be served in the skating rink on Clarendon street at 1 o'clock.

A WRITER in the *Medical Age* says that a judge in Big Rapids recently decided that a physician's knowledge is his stock in trade, his capital, and the courts have no more right to take it without compensation than we have to take provisions from a grocery without pay, to feed a jury. He did not compel the expert to testify. Possibly in this manner the question may be decided by the supreme court.



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No. 2.

Biography.

Charles Eugene Nelson, M. D.

The subject of this sketch, was born in Montreal in 1837; the Canadian rebellion in that year forced his parents into exile in the Eastern States. During three years his father, Dr. Robert Nelson, lectured in the medical colleges of Pittsfield and Castleton. In the beginning of exile, large numbers of people came from all parts to consult Dr. Robert Nelson, at St. Albans, and the surrounding towns. His mother, Mrs. Emily Nelson, was a woman of high literary attainments, and contributed regularly poems to the St. Albans papers at that time.

We will here digress, and say a few words about his relations, as Dr. C. E. Nelson comes from a family of doctors. The maternal grandfather was a surgeon. Dr. R. Nelson was the first surgeon in Canada, and a member of Parliament for Montreal. Also physician to the gaol, and to the chief nunneries; chief physician to the Hôtel Dieu Hospital; head of the medical school; and chief commissioner of the Board of Health.

The uncle, Dr. Wolfred Nelson, after the rebellion, enjoyed the chief practice in Montreal. He was also mayor of that city.

A first cousin, Dr. Horace Nelson, was professor in the Montreal medical school. He also edited for a number of years a medical monthly, while living in Plattsburgh, N. Y.

Another first cousin, Dr. Alfred Nelson, had a large practice in Montreal.

Four other cousins are doctors.

In 1840, Dr. Robert Nelson lectured on

the highest branches of physiology, in New York; taking the questions of the origin of life, and the complex functions of the nervous systems; in the various forms of life, from the lowest up to man. The material for these lectures was taken wholly from original experiments on animals.

In 1851, the mother and son were sent to Europe; the son was put to school in London and Cheltenham; and subsequently placed in the Napoleon College, in Paris, where he passed through the highest classes.

In 1858, he commenced medical studies in London, walking the hospital four years, having the benefit of instruction from the foremost men of the day.

In 1863, he returned to New York, where he entered into practice with his father, who was a prominent figure and speaker in medical societies, as well as frequent contributor to the medical journals. The father had now become an ovarioto-mist, and had written a text book on Asiatic Cholera, as well as several monographs.

Every day the father had consultations by the chief surgeons of New York, operations were performed almost daily, either on his own patients, or those brought by other surgeons.

In 1873, the father died, at a ripe old age, at his country seat, Gifford's, Staten Island.

For ten years Dr. C. E. Nelson practiced medicine and surgery.

In 1883, he commenced editing a medical monthly in New York, entitled the "*Planet*." This was a campaign sheet, got up for specific purposes during the exciting times of the rejection of the Old Code, and the formation of the New. This journal ran for a year and a quarter, when it was

discontinued, as reasons no longer existed for its continued appearance. The foremost men in New York cheerfully wrote for it, and it was generally well thought of. The editorials were racy and to the point, and exchanges were received from distant foreign countries. Articles were continually copied from it in the domestic exchanges, and items written concerning the '*Planet*.' Its discontinuance was regretted.

Shortly before this, Dr. Nelson donated a gold medal to Bishop's Medical College, Montreal, in honor of, and named after his father. The medal (annually worth \$60,) is given in perpetuity, for the best surgical pass, including operations on the cadaver. The college authorities allow only "honor" men to compete.

In 1885, Dr. Nelson became connected with this Journal, first as assistant editor; but, owing to his popularity as a writer, he has been offered and accepted the editorial management of the EASTERN.

Dr. Nelson was formerly member of the New York County Association (Old Code) from which he resigned after one year, and also of the New York Neurological Society. A number of years ago he was Secretary of the New York Medico-Chirurgical Society.

He has written articles in profusion. Among the journals to which he has contributed are the *New York Record*, *New York Medical Journal*, *New York Medical Gazette*, *Canada Medical Record*, (of Montreal), *Lancet* (of Detroit), *New England Medical Monthly*, and our own EASTERN.

Dr. Nelson has invented and put on the market a rectal bougie, which bears his name. This instrument dilates strictures only, and not the anus.

SIR HENRY THOMPSON holds that the artificial teeth are an evil in those of advanced years, because they enable such persons to masticate flesh. When the teeth fail naturally it is nature's design that the individual should subsist on vegetable diet.

Original Articles.

A Profession, or Trade.

BY DR. DANIEL LEWIS.*

The Medical Society of the County of New York begins its eighty-first year to-day.

Organized before the days of Gov. Clinton, upon a platform broad enough to embrace all that is desirable in the realm of medical science, professional advancement, and the public weal, it has steadily increased in members until the present time.

It is to be expected—in fact it is unavoidable—that the vast changes occurring in society since 1805 should have affected the character of the medical profession favorably or otherwise. The profession of medicine, like the other so-called learned professions, has its commercial side whereby society contributes to its support for services rendered. In the proportion in which the physician places the the science and art of medicine first, and the question of dollars and cents afterwards, in just that proportion is the practice of medicine a profession or a trade.

While I have no means of ascertaining the status of medical men in this respect, in the early days of this Society, permit me to call attention to what seem to be some tendencies of our own time to degrade the profession to a trade level.

It was once considered unprofessional, and, I believe, justly so, to employ or recommend any medical preparation the composition of which was unknown, whereas it is now common to find the names of eminent physicians on circulars intended for the laity. While "Listerine," antipyrine, and scores of other less pretentious quack preparations may be excellent, and certain brands of wine may be delicious, yet no professional man can afford to place himself in a position where a monetary consideration might be suspected.

* Read at a meeting of the Medical Society of the County of New York, Nov. 23, 1885.

The indorsement of any propriety remedy is certain to react unfavorably upon the legitimate practice of medicine. To a certain extent, a recommendation of one article of a class will be taken as favorable to the entire list, and the public can hardly understand, if a celebrated syrup of hypophosphites is the proper remedy for consumption, why somebody's catarrh remedy may not also be employed without the physician's advice.

Our materia medica is extensive enough, and our therapeutics sufficiently perfected to enable any intelligent practitioner to prepare his own prescriptions, and avoid any possible recognition of the patent-medicine men who infest our community.

Numerous plans for securing patients are now tolerated which were not in vogue within the recollection of even the younger members of this Society. Men have been expelled from our ranks for having advertised private medical institutes for the treatment of diseases by the Swedish movement cure, medicated baths, and the like, whereas it now happens that infirmaries, sanitariums, homes for inebriates, etc., etc., are described in the daily papers as being organized and conducted by the eminent Dr. Blank, with a corps of competent assistants.

Patients are secured as inmates of these commercial houses by the plea that nowhere else can competent nursing be secured, that health may not only be restored therein, but may also be preserved. Thus they seek to procure a perpetual contract, to be terminated only when the regular bills for "board, including attendance" are not promptly paid on presentation. Can it be supposed for a moment that the scientific side of medicine is superior to the business feature in such an arrangement?

There is sometimes just ground for suspicion that an operation may have been undertaken either for the purpose of teaching the apprentice his trade or increasing the master-workman's wages. I can illus-

trate what I mean by referring to a casual visit to a society meeting, where the amputated leg of a young patient was exhibited. The limb had been amputated in the upper third for the cure of primary, superficial epithelioma on the shin, of one and a quarter inches in diameter. Why were not the usual remedies first exhausted? Was it a professional or a trade operation?

Not being a gynecologist, and confessing ignorance of what I am about to mention, it is not unfair to that branch of our art to say that it has occurred to some people that the removal of the ovary for various uterine derangements is a procedure which is very liable to abuse. It may be useful, but if it proves to be popular, there is a possibility of its being so extended or modified as to apply to diseased conditions not yet thought of in that connection, perhaps in both sexes.

In all these questions, it is the part of the conscientious practitioner to consider carefully the welfare of his patient, the honor of the profession, and the possibilities of undue devotion to favorite theories and modes of operation.

Time forbids more than a reference to these dangers which beset the profession of medicine, which, if continued, must end in its final degradation.

There can be but one cause for this unseemly strife for medical business, and that is the overcrowded condition of our ranks.

When New York has a doctor for every four hundred and fifty inhabitants, competition must necessarily be extremely sharp, and many a good man must advertise or start a home, or invent a splint, or edit a new journal, or run for coroner, or organize a new life insurance company, or starve to death.

Many attribute the ills of which complaint is made to the multiplication of medical charities, and a growing tendency of patients to patronize them who are able to pay for treatment.

But why this rapid increase in public med-

ical institutions? Because through them a medical man may perfect his too often imperfect knowledge and become known to the public, and it has become almost a necessity of self-preservation to have a hospital or dispensary appointment. I repeat, then, that the overcrowding of the profession is responsible for the abuse of medical charities even, and the remedy lies in raising the standard of requirements for admission to practice, securing the highest preliminary training, and enforcing the statutes against illegal practitioners.

On a former occasion I have expressed to this society the conviction that a State examination was one of the most potent means within reach for securing these objects. That is the opinion of a very large majority of the best medical men of our land to-day, and it would hardly seem necessary to discuss it here, but for the fact that within the last few days the distinguished superintendent of a lunatic asylum, who is also President of the New York State Medical Association, has publicly declared that the best interests of all concerned are subserved by the present methods of admission into practice. He declares without reserve that our medical schools are doing well, and would be injured in purse by a State examination, but does not speak of their reputations.

Our leading colleges now furnish far better advantages than formerly, it is true, but they are too commercial in their organization to be highly scientific, and they graduate everybody who applies for a degree. A student occasionally fails at one school, but always succeeds at another. I will publicly challenge anybody to show me a man who actually wanted a medical degree who did not obtain it somewhere, and they are all licenses to practice in this State. There is no course open to our medical colleges which would insure a permanent and enviable prosperity, even in purse, like increasing every requirement for admission, and graduation. What will be-

come of these schools a few years hence when no young man of sense will want to enter a profession the pursuit of which will not insure him a decent subsistence? No one can doubt that if medical students were required to possess a classical education on admission, spend five years in the medical schools, as they are in the Austrian universities, and then pass a State examination, including "papers, *viva voce* questions, operations on the dead body, and not only the diagnosis of clinical cases, but the entire charge of patients for some days, under the superintendence of the examiner," as they must do in Germany, the result would be a vast improvement in the quality of our new doctors, and a decided reduction in the numbers admitted to practice.

The proposed State examination here is the same as our best schools now require, but even that is good enough to test the qualifications of large numbers of totally unqualified holders of diplomas, and who enter this State from the numerous medical colleges which disgrace our educational system. Under the present law, which is so satisfactory to some, a doctor must bring a diploma or nurse's certificate, or something, and if he can find a medical college that will indorse his paper (and he can for \$20), without any examination, he is at once imposed upon this long-suffering community as a legally qualified practitioner.

I believe that, if this Society would unite in favor of such a State examination as has been proposed, it could be secured, and the regeneration of the profession would thereby be insured.

The enforcement of the present laws by this Society has been of great value, but it is only the pruning of a twig here and there, while the great trunk is kept vigorous by the unending supply of new material. While this state of affairs continues, overcrowding of our ranks will increase, and the abuse of medical charity will continue.

Progress of Medical Science.

BACTERIOTHERAPY.—In *N. Y. Record* is a brief account of a series of cases of phthisis treated by inhalations of pure cultures of bacterium termo, unaided by medication. "In every instance the tubercle bacilli in the sputum were reduced in number, but did not wholly disappear. The termo was found in every case before treatment was begun. In six cases the cough became less troublesome, and the expectoration decreased in amount, although it preserved its muco-purulent character. The fever was not lessened in a single case."—(*Dr. Luigi de Blasi.*)

LESS AMOUNT OF GOITRE.—In *N. Y. Record*, Dr. Webb, of England, notices a decrease of goitre in Derbyshire, from the people now getting better food, receiving better wages, and railway extension, the people travel more and intermingle with strangers.

TREATMENT OF EAR DISEASE.—In *N. Y. Record* Dr. Holcombe sucks out discharge through rubber tubing, into a central glass portion; this is preferable to syringing, which "may (according to Rumsdell) cause continued inflammation, some of the water being retained, and acting as a poultice." Glycerite of tannin, or borax solution may be applied.

TRANSPLANTATION OF RABBIT'S EYES.—In *N. Y. Record*, of May 29, Dr. May gives a series of experiments which show that union takes place, as well as symmetrical movements to both eyes. "The muscles attached themselves to the transplanted eye-ball as early as the third day—in most cases by the seventh day, a few only as late as the tenth day. Under the microscope, the muscles showed very little degeneration. The conductive tissue union was also effected quite rapidly. In the conjunctival rim around the transplanted cornea, new blood vessels could be seen formed with the naked eye. The eyeball tension was good.

In most of the unbandaged cases, the cornea sloughed, the contents of the eye escaping. The bandaged cases did well. The two cut optic nerves were sutured with catgut, which was absorbed in all cases. The first operation was performed by Chibret, on May 4, '85, on a girl. The eye sloughed. An artificial eye requires to be renewed every two years, and from time to time excites inflammation."

ESCAPE OF A BILIARY CALCULUS THROUGH THE ABDOMINAL WALLS.—A case is related in the *N. Y. Record*. The calculus was developed in a layer of inspissated bile, and weighed forty-two grammes. It had ulcerated its way out of the gall-bladder evidently.

URINARY CALCULUS SLOUGHED OUT THROUGH THE PERINEUM.—A case is related in the *N. Y. Record*. The calculus weighed 520 grains; it fell from a boy, as he walked across the floor. "A portion of the perineum, the entire scrotum, and both tests had been completely swept away. The penis had suffered almost complete annihilation, its connections to the bones were nearly severed, the prostate gland and urethral connections being destroyed. The finger was passed into the bladder through the opening, but no secretions were found. The opening closed afterwards; urinous anasarca then developed on the body, buttocks and thighs."—*Dr. W. T. Cheatham*, of Henderson, N. C.

PREVENTATIVE INOCULATION IN YELLOW FEVER.—**FRENCH COMMISSION APPOINTED.**—The subject of inoculation for yellow fever, as practiced by Dr. Domingos Freire, of Rio de Janeiro, was brought under the notice of the Société de Biologie, of Paris, at a recent meeting. M. Rebourgeon communicated the results obtained by himself and Dr. Freire in December, 1885, and January and February, 1886. The weather during these months in Brazil was intensely hot, and yellow fever prevailed severely. Of 3,051 subjects inoculated at

Rio, not one have died, whereas in the districts and houses 278 non-vaccinated had succumbed to the disease. M. Rebourgeon said that the number inoculated had now reached 6000, and not one of them had been attacked with the fever; and, what is more remarkable, severe cases inoculated in the second stage of the disease had all recovered. In reply to M. Brown-Séguard, M. Rebourgeon said that but few foreigners were inoculated, but yellow fever is at the present time creating great ravages among the Brazilians and mulattoes; the negroes even are being largely attacked, which is a rare occurrence, and the area of the disease was extending inward from the littoral. He explained that some specimens of virus sent to M. Cornil, and found by him to be worthless, had not been sent by M. Freire, but by opponents to his method. He had often inoculated himself, and was so convinced of the efficacy of the attenuated virus that he had frequently offered to undergo inoculation with the yellow fever itself. He presented a specimen of the vaccine to the Society for examination. In reply to M. Maurel, he said that he had met with yellow fever at an altitude of more than seven hundred meters; and had seen many cases among emancipated negroes, though less than among mulattoes, who were attacked in about the same proportion as the whites. M. Maurel attributed the former immunity of negroes to their vegetable diet, but since emancipation negroes had largely adopted the customs of the whites, and consumed more animal food. A commission to study the method of inoculation was appointed, consisting of MM. Brown-Séguard, Cornil, Duval, Bourquelot and Maurel.

THE FURTHER EMPLOYMENT OF BACTERIO-THERAPY.—We have already called attention to the novel method of treating pulmonary tuberculosis proposed by Professor Cantani, viz., the inhalation of fluids containing the *bacterium termo*. Further trials of this have been made by Dr.

Brehmer at his hospital at Görbersdorf (*Allgemeine Med. Centr.-Zeitung*, 1886, No. 28), and recently again by Dr. Laaser, of Breslau (*Ibid.* No. 34). Dr. Laaser states that among seven patients whom he treated by the new method two were improved and one was cured. The first case in which there was improvement was that of a young peasant woman, who was treated also by lavage and antipyrin. Some of the improvement was ascribed to these latter measures. The second patient was in the third stage of phthisis and bed-ridden. After the inhalations she was able to get up and go about, her temperature fell, and her bodily strength increased. She then had an attack of localized pleurisy, and as the inhalations caused vomiting they were discontinued. The third and "cured" case was that of a young laborer, who, when admitted to the hospital, was found to have a large cavity in the right lung. His evening temperature was 39.5° C., and the expectoration was copious and fetid. Inhalations of turpentine and carbolic acid lessened the odor, but did not relieve the fever, and the patient's strength continued to fail. Tubercle bacilli being found in the sputa, he was placed upon daily bacterial inhalations. The odor of the sputa soon disappeared, as also did the bacilli, the patient's condition steadily improved, and in four weeks he was discharged cured!—*N. Y. Record*.

AUSCULTATION OF THE EYEBALL.—M. Gené has recently described to the Biological Society of Paris a new method of estimating the tension of the eyeball. This consists in auscultating the organ by means of M. d'Arsonval's telephone. The instrument is applied to the globe, and a sound, such as that of the interrupter of a faradisation instrument, made to pass; the differences of degree and intensity of the sound as perceived by the observer afford a valuable and accurate means of diagnosis. M. Gené's experiments being yet somewhat incomplete he hopes at some future time to

lay the subject before the Society in greater detail.

JOHN HUNTER'S HOUSE UNDER THE HAMMER.—On February 16 and 17 the old house at Kensington, once occupied by John Hunter, was sold at auction. Among the articles advertised for sale was "the historical copper coving and fittings, used for the purpose of boiling the remains of the Irish Giant, Byane O'Brian.—*N. Y. Medical Record*.

DR. EDWARD G. JANEWAY has been appointed Professor of the Principles and Practice of Medicine in Bellevue Hospital Medical College, in the place of the late Dr. Flint. In recognition of Dr. Flint's long and distinguished service at Bellevue Hospital, the Commissioners of Charities and Correction have decided, at the request of the Medical Board, to put up at that institution a mural tablet to his memory.—*Lancet and Clinic*.

THE PROPHYLACTIC VALUE OF CHOLERA INOCULATION.—We referred in these columns, under date of October 3, 1885, to the statistics of Ferrán's preventive inoculation during the cholera epidemic in Spain last summer. The figures there given were of the results of cholerization, as the author of the method terms it, in seven small towns only. We have just received a pamphlet embracing the statistics of twenty-one additional places. The reports are for the most part prepared in the same careful manner as were the others, being written by the local physicians, and certified to as correct by the alcalde and other municipal officers and the parish priest, the statements being furthermore sworn to before a notary. We must, therefore, accept the figures as correct, and free from any suspicion of fraud or of having been twisted to bolster up Ferrán.

Four of the towns were not visited by the cholera at all, and of these we shall speak later. In two others the statistics are not complete, the compilers having omitted to give the population in one instance, and

the number of individuals inoculated in the other. There remain fifteen communities, concerning which the information given is satisfactory, and from which we can draw some conclusions as to the utility of the method. The total population of these fifteen towns amounts to 92,510, of which number 8,238 were inoculated by Ferrán or his assistants, leaving 84,272 unprotected by cholerization. Of the non-inoculated 6,614 (or 7.13 per cent.) were attacked by the disease, and of this number 2,467 (or 31.02 per cent.) died. Of the inoculated 123 (or 20.33 per cent.) died. Putting together the two sets of statistics collected from twenty-two towns, with an aggregate population of 134,151, we find that of the non-inoculated 7.199 per cent. were attacked by the cholera, while of the inoculated only 1.204 per cent. suffered. The mortality of the disease was, of the non-inoculated 43.31 per cent., and of the inoculated 28.17 per cent. of those attacked.

Several instances of apparent protection by inoculation are mentioned which are rather striking, though not necessarily conclusive. In Adzaneta the family of the municipal secretary, Sr. Piá y Plá, was composed of five individuals, four of whom submitted to cholerization. These four passed through the epidemic without suffering from any symptoms of the disease, while the one who was not inoculated was stricken down by cholera and died. In Alcalá de Chisvert there were four physicians at the outbreak of the pest, and naturally they were exposed to constant danger in the discharge of their duties. Three of these, who had been inoculated, passed safely through the epidemic, while the fourth, who had not been inoculated, died. In four families in the same town one member of each, and that the only one not inoculated, died of cholera, while the others, who had submitted to the operation, escaped. Several precisely similar cases are related as occurring in other places.

It has been said by many that the inoculation by means of the virus prepared by Ferrán, if it had any effect at all, would expose those operated upon to even greater danger. But this assertion would seem to be disproved by the facts presented in these reports. There were four towns in which no cholera appeared during the summer, although, in anticipation of an attack, inoculations to the number of 5,504 were made. If the inoculation were likely to cause cholera in the individual operated upon, it would hardly be possible for so great a number to escape. From one of these towns, La Roda, seventeen individuals went into an affected district. Nine of these had been inoculated, and eight had not. None of the nine suffered during their exposure, but six of the eight non-inoculated persons were seized with cholera and two died.

In most of the reports it is stated that no symptoms other than those commonly following inoculation were caused by the operation, and in only four cases out of the many thousands did abscesses at the point of insertion of the virus occur. It would thus seem to be proven by these statistics that the inoculations are harmless, or at least no more dangerous than hypodermic injections of some inert fluid. And in view of this fact, the results are such as to offer encouragement for further trials. The cable reports that the Spanish government has granted permission to Ferrán to continue his inoculations this summer should apparent necessity for them arise, and we may therefore expect even more extensive experiments to be made, if cholera revisits the country. We sincerely hope the scourge will not return, but should it do so, we shall be interested in studying the results obtained by the method, and shall hope to present them in due time to our readers.—*N. Y. Record.*

THE TREATMENT OF MENORRHAGIA.—In young girls, as a rule, a powerful tonic treatment is required. Sometimes the iron

is not sufficient, and I have to resort to astringents and tonics not ferruginous. I have used bichloride of mercury and quinine in these cases. Occasionally we meet with cases of this kind in which the patient apparently is in robust health. Under such circumstances I know of nothing better than iodide of potassium.—*Dr. Wm. Goodell.*

THE annual death rate of the colored people in the cities of this country, and especially in Southern cities, has been much larger than the death rate of the whites, the ratio in Washington for several years having been nearly 2 to 1. But reports from Savannah, published by the New Orleans *Times-Democrat*, indicate that the colored death rate in that city has become alarmingly large and far greater than any rate heretofore noted there in the absence of an epidemic. While the rate for the white people is said to have been only 12.19, that for the colored people is said to have been 122.94, and the rate for colored children under 5 years is reported to have been 601.93 per 1,000. This seems incredible. If, however, the figures are correct, the white residents of Savannah have not done their duty by their black fellow citizens. Such an enormous mortality must be the result of neglect, want of medical attendance, lack of food and care, and a total failure on the part of the city authorities to enforce ordinary sanitary regulations.

SPLENECTOMY GROWING IN FAVOR.—At the last meeting of the Medical and Surgical Society, London, Mr. Knowsley Thornton read a paper in which he related the particulars of two cases in which he had performed splenectomy. One ended fatally from internal hemorrhage following the operation. In the other, complete recovery ensued, but the girl acquired an enormous appetite. It had been noted in animals that the running and appetite were increased after the performance of experimental splenectomy.

Eastern Medical Journal.

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WORCESTER, MASS., JULY 1, 1886.

Microbic Inoculations.

Some time since, medical faith in Ferran's method was seen to weaken, on both sides of the Atlantic; but lately, faith in Ferran's system has been much strengthened, especially on the part of the government. In the beginning of the inoculations (when they were removed above the level of experiments,) we expressed faith in the system.

Pasteur's experiments with supposed hydrophobic virus (?) are anything but conclusive, and even border on the ludicrous. Carmona's experiments have not met with a large share of success—in yellow fever. Domingo Freiré's experiments in Brazil, in yellow fever, seem to have been somewhat successful; but there is great room for doubt.

Dr. Nillavicensio, disciple and co-laborer of Carmona, in Mexico, has arrived in New Orleans, and proposes to inoculate for the prevention of yellow fever. It is claimed that there is no yellow fever there now; but then it may invade at any moment. The local Board of Health are making hostile demonstrations against the Spanish doctor. As regards microbic in-

oculations, New Orleans doctors have no familiarity with it at all; still, they wish to examine and pass upon it. The outcome of this opposition to inoculation will be looked for with interest by the medical public.

The Abuse of Narcotics.

We believe no question of greater importance has come before the medical profession for many years than that of the growing abuse of narcotics; last of which is cocaine. This latter seems to be the most pernicious, as its habitual use is more easily acquired than either morphine or chloral.

An article in the *London Lancet* under the head of "The Peril and Plague of Narcotics" is well timed and we produce it entire.

"Scarcely a week passes without some sad proof of the folly of a reckless or insufficiently careful use of narcotics. It is almost to be regretted that so many agents capable of producing mimic, or poisoned sleep, are known to the profession and to the public. It is now the exception instead of the rule, to find a man or woman of middle age who is not addicted to the use of morphia, chloral, bromide of potassium, or some one of the many sleep-inducers or pain-relievers which the nineteenth century has distinguished itself by envolving for the cure and comfort of our less enduring and increasingly sensitive and excitable humanity. It is nothing to the purpose that the deleterious effects of these potent drugs, when taken habitually, even in small quantities, have been again and again exposed. Practitioners have, as we do not scruple to insist in and out of season, much responsibility for the growing fashion of taking narcotics or anodynes by mouth or hypodermically. It is so pleasantly facile to prescribe a remedy which is sure to give present relief, whatever may happen in the future and those who have

learned to purchase unconsciousness or ease at what seemed to be a very small price are only too ready to renew the experience when any fresh cause of sleeplessness or pain arises. Sooner or later some strong measure will need to be taken with a view of arresting this really serious 'habit' of taking sedatives, which is extending its influence and gaining strength year by year. Meanwhile, we do very earnestly counsel our readers to refrain from having recourse to these drugs themselves, and to use their authority with patients in condemnation of a demoralizing and disastrous practice. The victims of the abuse must not simply be counted by those who die of it, but by those who are left to drag out miserable lives, the victims of 'cravings' and nameless and numberless sufferings, which morphia, chloral, bromide—now cocaine—and a host of insidious poisons are the active agents in producing."

Obituary.

WILLIAM O. BALDWIN, M. D., of Montgomery, Ala., died on Sunday, May 30th, in the sixty-eighth year of his age. He was graduated at the age of nineteen from the Medical Department of Transylvania University, Lexington, Ky., and at once settled in Montgomery. He was an associate Fellow of the College of Physicians of Philadelphia, a member of the Medical Association of the state of Alabama, and a member of the American Medical Association, of which he was president in 1869.

HENRY G. LANDIS, M. D., professor of obstetrics and the diseases of women and children in the Starling Medical College, Columbus, Ohio, died in Philadelphia on Saturday, May 22d, at the age of thirty-eight. He was born in Philadelphia, was graduated at the Jefferson Medical College in 1870, and, after practicing in Niles, Ohio, for several years, settled in Columbus in 1877. He was a member of the Pathological Society of Philadelphia, of the Trum-

bull (Ohio) County Medical Association, and its president in 1876, and of the Columbus Academy of Medicine. He was the author of several valuable obstetrical monographs, and an obstetrician of great promise.

Dr. R. W. PEASE, a noted surgeon, who was prominent in the medical department of the army during the war, died suddenly at Syracuse from heart disease June 26.

Dr. GEORGE W. HODGESON, 74 years old, died June 26th, at White Plains, N. Y. He was the oldest physician in Westchester County, having been in constant practice for 45 years. He was born in New York and was graduated at the College of Physicians and Surgeons. At the time of his death he was Jail Physician and member of the Westchester Medical Society. About two months before his death he sent for Undertaker Ryan and gave him explicit instructions about his funeral, telling him he did not expect to live long.

Dr. J. K. GRIFFIN, a prominent physician of North East, Penn., while hurrying to respond to a sick call, May 25, fell dead in the street of heart disease. He had been a practicing physician for 30 years.

Notices, Reviews.

A MANUAL OF DIETETICS.—By J. Milner Fothergill, M. D., Eden., Physician to the City of London Hospital for diseases of the Chest (Victoria Park). Hon. M. D. Rush Medical College, Chicago, Ill. Foreign Associate Fellow of the College of Physicians, Philadelphia. 8vo, extra muslin. 255 pages. Price, \$2.50. New York, William Wood and Company.

No words of commendation are necessary in introducing this work, as the author's name alone is a sufficient proof of its value. No medical library should be without it. We can do no better than quote from the author's preface:

"The day of Dietetics has arrived.

"Modern advances in our knowledge of the physiology of digestion have been accompanied by a like progress in the preparation of foods. The value of predigested carbohydrates in acute disease and malassimilation among adults, as well as children, is now being gradually realized. The digested albuminoids are making their way; while oil emulsions have established themselves on a firm footing. The many evils of a dietary too rich in albuminoids are now being generally recognized. The time indeed is at hand when systematic lectures on Food will be a part of Medical education; while the value of feeding in disease is admitted to be as important as the administration of medicines."

DISEASES OF THE SPINAL CHORD.—By Byrom Bramwell, M. D., F. R. S. P. (Eden.), Lecturer on the Principles and Practice of Medicine, and on Medical Diagnosis in the Extra Academical School of Medicine, Edinburgh; Pathologist to the Edinburgh Royal Infirmary, etc., etc., etc. Illustrated by fifty-two full-page Lithographic Plates, in colors, and many fine Wood Engravings. Being Vol. I. of Wood's Library for 1886. New York, William Wood and Company.

INSANITY AND ITS TREATMENT.—Lectures on the Treatment, Medical and Legal, of Insane Patients. By G. Fielding Blandford, M. D., (Oxon.), Fellow of the Royal College of Physicians in London; Late Lecturer on Psychological Medicine at the School of St. George's Hospital, London. Third edition. To which is added Types of Insanity. An Illustrated Guide in the Physical Diagnosis of Mental Disease. By Allan McLane Hamilton, M. D., one of the consulting physicians to the insane asylums of New York City, and the Hudson River State Hospital for the Insane. Illustrated by ten plates from photographs of cases selected as types, with descriptive text. Being Vol. II. of Wood's Library for 1886. New York, William Wood and Company.

DISEASES OF THE CIRCULATION AND RESPIRATORY APPARATUS.—Illustrated by one hundred and three fine wood engravings. Being Vol. I. of the Handbook of Practical Medicine. By Dr. Hermann Eichhorst, Professor of Special Pathology and Therapeutics and Director of the University Medical Clinic in Zurich. In four volumes. Being Vol. III. of Wood's Library for 1886. New York, William Wood and Company.

THE GENUINE WORKS OF HIPPOCRATES.—Translated from the Greek, with a preliminary discourse and annotations. By Francis Adams, LL.D., Surgeon. In two volumes. Volume I. Being Vol. IV. of Wood's Library for 1886. New York, William Wood and Company.

The last four books are the January, February, March and April numbers of William Wood & Co.'s Medical Library for 1886.

These books reflect much credit for the judgment of this enterprising house. They are bound handsomely and durably in cloth, and printed on excellent paper.

DIAGNOSIS AND TREATMENT OF DISEASES OF THE EAR. By Oren D. Pomeroy, M. D. New York, D. Appleton & Co. 2d Edition, revised with additions. pp. 413.

A second edition was called for two years after the first. Most of the wood cuts of the former edition have been re-engraved. With improved quality of paper and binding, this makes a book of very presentable appearance. This book being directed only to the diagnosis and treatment of ear diseases, is eminently practical and exactly adapted to the general practitioner, and may be safely recommended to their favorable consideration.

Medical Items.

THE daughter of Dole, 11 years old, of the Department of Jura, who was bitten by a dog on April 27, placed under treatment by M. Pasteur, and returned home, has, it is now announced, died of hydrophobia. Her death occurred on June 17.

DOCTORS.—Molière said that doctors are those who pour out medicine about which they know little, into bodies about which they know less, in order to cure diseases about which they know nothing at all.

DISINFECTANTS.—Regarding the alleged uselessness of sulphate of iron, Dr. Henry Hartohorne, of Philadelphia, (*N. Y. Record*), referred to an epidemic of diphtheria and scarlet fever, in which large quantities of sulphate of iron and burning sulphur were used in the sewers. Following this there was an almost absolute cessation of the disease. It may be that, although such substances do not destroy the bacteria, they may neutralize the products of bacteria, which by many are supposed to be the cause of the results which are seen.

We need to destroy all filth in which these germs multiply, and to neutralize the products of their growth. This should not be done spasmodically but continuously. Recently an apparatus has been introduced by which this may be accomplished. It is connected with the bowl of the water-closet, and supplies a strong solution of chloride of zinc at the rate of twenty drops per minute. This prevents all decomposition. The chloride of zinc has no effect upon lead and iron. The speaker thought that if this system could be introduced throughout the city of Philadelphia, epidemic diseases would almost entirely disappear.

REMOVAL OF A SPLEEN FROM THE PELVIS.—Dr. Polk reports the removal of a spleen from the pelvis. The patient was suffering a great deal of pelvic pain from what he took to be a distended fallopian tube closely adherent to the right side of the uterus. When he opened the abdominal cavity he found extensive adhesion, covering the whole roof of the pelvis, involving the sigmoid flexure, the vermiform appendix being drawn toward the centre of the pelvic brim. A kidney-shaped mass lay in the pelvis, its curve corresponding closely with the curve of the pelvis, rest-

ing between the bladder and uterus, its lower point being in contact with the anterior face of the uterus, the uterus being crowded down and backward into the hollow of the sacrum. The mass was developed in peritoneal tissue. At first, Dr. Polk thought it was a displaced kidney, but on enlarging the incision and feeling for the kidneys, these organs were found to be in their normal position. He then removed the mass, which Dr. T. Mitchell Prudden has since examined and found to be the spleen in a condition of chronic interstitial splenitis and peri-splenitis.

Dr. Polk, in speaking of the details of his operations, said he never used the spray, but he used plenty of soap and water, and a solution of bichloride of mercury, 1 to 2,000 or to 5,000. The instruments were all cleansed by one nurse, who was made responsible for them. The sponges were cleansed at his home, and were carried to the hospital by himself; he also cared for the sutures. No person besides himself was allowed to touch the sponges or sutures, except the house-surgeon; no hands entered the abdominal cavity except those of the operator and the house-surgeon, and Dr. Polk made himself responsible for the cleanliness of the house-surgeon's hands as well as his own. The wound was subsequently covered with iodoformized gauze.

This personal attention to details he thought accounted for the successful results which he had been able to report.

THE MICROBE OF RABIES.—In view of the great interest now taken in this subject in consequence of the brilliant investigations of Pasteur, I think it desirable to take an early opportunity of stating that I have found the microbe which appears clearly to constitute the virus of this disease. It is a micrococcus, not very minute, and of the usual form. It stains, however, with some difficulty, and this accounts for its having hitherto escaped observation. In the cases of dogs which I have as yet examined, its principal seat is evidently

the central canal of the spinal cord and medulla oblongata; thence it pervades the other tissues of the central nervous system, occurring (sometimes in vast masses) around the walls of the blood vessels, and in some cases within the vessels among the red blood-corpuscles. In the cortex of the hemispheres I have found it, but in very small numbers, and, so far, only in the perivascular and peri-cellular lymph spaces. In the cerebellum I have not found it at all, neither have I as yet succeeded in finding it in the salivary glands. I shall shortly publish the methods by which it may be stained with certainty. I must, however, state that it does not stain by hæmatoxylin, either with or without a mordant, as asserted by Fol.* I have repeated his methods carefully. Neither does it occur within nerve fibres, as he states; and lastly, it is fully three times the dimensions which he gives. I may add that it does not occur in the same situation, treated by the same methods, in normal animals. In the one case of a rabid dog, which I had examined to control my previous observations, the tissues were placed in alcohol so shortly after death as to preclude the possibility of the occurrence of septic organisms. In addition to which all saprophytes, as far as yet observed, stain very readily with the usual aniline dyes, which this microbe does not. I must point out, in justice to the genius of Pasteur, that these observations on the occurrence of the microbe go far to confirm his statement of the seat of the virus; it may further afford a means of diagnosis in any doubtful case.

Preparations of the microbe were shown at the meeting of the Royal Microscopical Society on the 9th inst.—*G. F. Dowdeswell, M. A., F. L. S., in the Lancet.*

A NEW POISON IN ICE CREAM.—Dr. V. O. Vaughn, in examining a specimen of the ice cream which recently poisoned a number of persons at Newton, Mich., has

made the important discovery that tyrotoxin, the active element in poisonous cheese, which he discovered some time since, was also present in the ice cream, and was the cause of the sickness. This proved that tyrotoxin is due to the decomposition of milk, and may develop in any milk which is kept in an impure atmosphere or unclean vessels. The germ seems to multiply very rapidly, and a small amount of tainted milk will poison a whole can. It is Dr. Vaughn's theory that tyrotoxin has much to do with cholera infantum, the symptoms of which are similar to the symptoms of cheese poisoning. The doctor will present a detailed statement of his discoveries to the State Board of Health at its next meeting.

"Is THE man dead?" asked a reporter of a policeman after an accident. "Not yet," replied the officer. "The doctors haven't come."

A SELF-PERFORMED LAPAROTOMY.—Dr. B. Raniero, in a letter to the *Raccogliose Medico* for April 10, 1886, reports the case of a woman, twenty-five years of age, who was pregnant, and desired to conceal the fact. Not being able to rid herself of the child, in a fit of desperation she seized a bread-knife and made a deep incision, five inches long, on the right side of the abdomen, and extracted through the opening thus made a full-term fœtus. The child was dead, the knife having severed its head from the body. The women bound up the abdomen with a cloth, and then walked two miles to the village of Viterbo, remaining there five hours, and returning then to her home, which she reached seven hours after the infliction of the wound. The pain then came so severe that she fainted, and upon returning to consciousness vomiting occurred. The wound was opened and the greater part of the small intestines were protruded. Medical aid was then sought for the first time; the intestines were returned, the wound closed

*Comtes Rendes, December 14, 1885, vol. cl., p. 1,276.

by sutures, and the patient recovered without any untoward symptoms.

RIVAL SCHOOLS OF MEDICINE.—The Connecticut Medical Association held its ninety-fifth convention in New Haven, May 27, nearly one hundred old school physicians being present. Essays on professional subjects were read and discussed, but the business of the session was the passage of a resolution to appoint a committee to confer with the homœopathic and eclectic physicians upon securing from the State a board to examine and grant certificates to physicians. While this was aimed at the "quacks," it was not passed without opposition from the more conservative members, who objected to recognizing the other schools at all. But it was passed nevertheless, and is regarded as an important indication of a change of opinion regarding the homœopathists and eclectics. A banquet at the New Haven House closed the convention. It was attended by a number of prominent citizens as invited guests.

URETHRAN.—Dr. A. S. Myrtle writes in the *British Medical Journal* that he has used urethran in over fifty cases, in the past four months, as a sedative and hypnotic, and his experience of its action encourages him to recommend the drug strongly, believing that, in certain cases, it will prove of great value. The cases in which he prescribed it were of the usual run of every-day practice, where a sedative or hypnotic was required; general restlessness, sleeplessness, neuralgia, catarrh, certain forms of skin-affections with great irritation, also rheumatism and gout. Many of his patients had some peculiarity of constitution which prevented the use of opiates of the usual type; and it is in this special class that the writer thinks urethran will prove of great value. One gentleman, who had suffered from insomnia for weeks, and who could not tolerate opium or chloral, took fifteen grains at bedtime with the most perfect result. He wrote: "The

sleep caused was most pleasant and refreshing. I awoke without a headache, with appetite for breakfast, and what was equally agreeable, there was no interruption to any of my functions." Similar testimony was given by the majority of patients, who had taken full doses to produce sleep. In smaller doses its action is less marked, still it is decidedly calmative and agreeable, causing no unpleasant effect, such as nausea, flatulence, constipation, or headache. It does not affect the nerve-centres of circulation or respiration, but spends itself on the cerebrum. It possesses, therefore, Dr. Myrtle says, great advantages over the older and valuable sedatives, which have certain evil influences, especially in exceptional cases. Given in gout and rheumatism in full doses, alone or in combination, it has the great advantage over morphia of not interfering with the action of the bowels or kidneys; besides, it is not unpleasant to the taste.

A BOY WITH CAT'S EYES.—A strange case is now exciting the attention of the oculists in Chicago. Mrs. Quinn, of 471 Wells street, recently visited the State Eye and Ear Infirmary in company with her son, who possesses the peculiar power of seeing in the dark. Dr. Charles F. Sinclair the specialist at the institution, was so struck with the case that he called several other oculists to examine the freak. The boy was taken into a dark room and there various tests were made which proves beyond a doubt that this is a genuine case. The eyeballs glistened like balls of fire, and upon a close examination it was found that the lad's eyes are formed much in the same manner that a cat's are. The larger portion of the iris is missing, only a small portion being visible on the outer side of each eye. When taken into a dark room, an immediate expansion takes place which enables the boy to see perfectly. A strong light blinds him, and from this peculiarity the boy is able to see objects at a distance with much more clearness than those close at hand. Mrs. Quinn recently returned

from England and Ireland, where she had been to consult oculists concerning the boy. They stated that though cases were mentioned in surgical history, this was the first reported in the present day. All oculists are agreed that nothing can be done for the child.

WRITERS' CRAMP AND FRACTURE OF THE CLAVICLE.—"At a recent meeting of the London Clinical Society a unique case was described by Mr. Arthur Baker. The patient was a boy, aged twelve, in whom fracture of the clavicle had occurred before birth, and had remained ununited. A false joint formed, and there was free movement and no inconvenience till about three years ago, when the patient began to suffer from pain down the right arm, and a sense of weight in it. Symptoms resembling those of 'writers' cramp' then came on. In August last Mr. Barker resected (antiseptically) the false joint, wired the cut surfaces together, and put up the shoulder and arm in a Plaster-of-Paris jacket. The wound healed in a fortnight without any suppuration. In another fortnight the corset was removed, the scar being sound, and the bone firmly united with callus. Shortly after, he was given some writing to do, and the former symptoms were found to have disappeared."

THE APOSTLE OF THE LEPERS.—We regret to hear that the Apostle of the Lepers of Molonai is beginning to pay the penalty of his heroism. Shut away from all civilized and healthy humanity, Father Damen has for years been a willing prisoner in the island in which are collected and confined all the lepers of the neighboring Sandwich group. For a long time, though cut off from the outward world, Father Damen continued in good health, though alone among the dead. But the stroke has fallen at last. In a letter written recently he says: "Impossible for me to go any more to Honolulu, on account of the leprosy breaking out on me. The microbes have

finally settled themselves in my left leg and my ear, and one eyebrow begins to fall. I expect to have my face soon disfigured. Having no doubts myself of the true character of my disease, I feel calm, resigned, and happier among my people. Almighty God knows what is best for my sanctification, and with that conviction I say daily a good *Fiat voluntas tua*." Where is the heroism which will vie with this?

THE Council of Health has reported in favor of the expulsion of all dairy cows from Paris, and only the toleration of a very few, the owners of which can show exceptional conditions of salubrity. There are upward of 5,000 of these animals in the capital and they are found to be a prolific source of pulmonary consumption. The milk of a great number of them was alive with the bacillus, which wastes the tissues of cows and human beings attacked with phthisis. A syndicate of dairymen who have taken stables which they use for byres on long leases cry out in the name of vested rights against the hardship of their being broken up and no compensation granted. It has been suggested that M. Pasteur might find a means of subduing phthisis, and thus rendering it safe to drink the milk which is drawn from cows kept in confinement. The Council of Health has, however, turned a deaf ear to the suggestion, and will continue to do so. —*London Daily Telegraph*.

At a meeting of the New Jersey State Medical Society, held June 9, there was a discussion on vivisection, which was participated in by many leading physicians. Dr. B. A. Watson, of Jersey City, who was recently arrested for experimenting upon dogs by the Society for the Prevention of Cruelty to Animals, denied the published reports that he was making experiments in behalf of the Pennsylvania Railroad Company, and said that they were done entirely in the interest of science. The following resolution was adopted:

Whereas. In the investigation of questions pertaining to life, health and disease, experiments upon lower animals are absolutely necessary to determine the course and result of disease or injuries; therefore

Resolved, That this society not only countenances but approves of such experiments and researches, and disapproves of the action of societies or persons, who, on the ground of prevention of cruelty to animals, would throw obstacles in the way of experiments, having for their object the relief of human life.

MALARIA AND SMALL-POX.—During an epidemic of small-pox in a town in Italy Dr. D'Ortensio observed that the course of the variola was modified by an intercurrent attack of malarial fever. A patient upon whom the variolous papules were well developed was seized with a typical malarial paroxysm. The eruption almost immediately disappeared, but upon the cure of the fever by quinine, the papules again made their appearance, and the small-pox ran its regular course.

BILATERAL RANULA CURED WITH PILOCARPINE.—In a case of occlusion of Wharton's ducts, which, distended and filled with saliva, formed two large pyriform tumors, one on either side of the frænum linguæ, Dr. Soffiantini conceived the idea of using pilocarpine in order to overcome the obstruction. He reasoned that the sudden and abundant increase in the secretion of saliva would so greatly increase the pressure that a passage would be forced through the ducts. A single hypodermatic injection of one-sixth grain of hydrochlorate of pilocarpine resulted in the reduction of the tumors to one-half their former size, and a second injection of a like amount cleared out the ducts completely and resulted in a cure.—*Lo Sperimentale*.

THE "DEAD-FINGER" SYMPTOM IN BRIGHT'S DISEASE.—This is a sensation similar to that experienced when the finger is immersed in snow, or exposed to a great degree of cold. The patients complain of formication, painful sensations, and cramps in the fingers, and sometimes the finger-tip

becomes anæmic, white and numb. This symptom is usually of very brief duration. In one patient it will last but a few seconds only, but will appear whenever the attempt is made to grasp any object; in another its duration will be for five or six minutes, and it will be noticed to recur at longer or shorter intervals, as one or two days or a week; finally, a third will recall its appearance on a single occasion only during the course of his disease when it may last for a quarter of an hour. The symptom is localized now in one finger, now in another, the little finger being the most frequently affected, the middle, the ring, the index finger, and the thumb coming next in the order of frequency. The phenomenon may appear at the beginning of Bright's disease or near its termination, but is of greater diagnostic importance in the former case, since the other symptoms of the affection may at this time be insignificant or even absent. As to the pathogenesis of this sign Dr. Soyer believes that it is the first degree of local asphyxia of the extremities, and regards it as allied to symmetrical gangrene as is sometimes observed.

DYSPEPSIA AND POETRY.—In remarking on the saying by Thomas Carlyle, that "Dyspepsia kills poetic ambition," the *Boston Post* says: "If dyspepsia would only get its work in more constantly, it would be for the comfort of the world generally."

DETECTION OF BLOOD IN THE URINE.—M. A. Luchini proposes the following method for determining the presence of blood in the urine. One drop of acetic acid and forty-five minims of chloroform are added to two and one-half drachms of the suspected urine. The phial is to be well shaken and then set aside to stand for a time. If the urine contain blood the chloroform, which settles to the bottom, will have a reddish tint, the depth of which will vary according to the amount of blood present.

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No. 3.

Original Articles.

[FOR EASTERN MEDICAL JOURNAL.]

The Early Removal of Cancer.

By DANIEL LEWIS, M. D., PH. D., President of the N. Y. County Medical Society; Surgeon to the N. Y. Skin and Cancer Hospital

Every surgeon who is called upon to treat Cancer, in any of its varied forms, has frequent occasion to regret the delay of the patient in applying for his services. This is almost as true to-day as it was before S. W. Gross, and other equally good authorities published their urgent pleas for early and extensive removal of cancerous tumors, together with all the glandular obstructions in the neighborhood of the new growth.

It cannot be doubted that the medical profession is alone responsible for this fatal delay on the part of patients, which is my apology for briefly calling attention anew to this most important element of successful treatment.

In discussing this question, it makes little difference whether the old theory of a constitutional cause, or the now generally accepted local origin of the disease, be the correct one, for all agree that there is no hope of cure except by complete extirpation. It is also generally conceded, and my own experience has proven, that many cases are cured by this operation. I have cases now in good health who were treated ten, twelve and fourteen years ago.

It requires no argument to prove that a small, movable tumor of the breast can be more easily removed than a large one which has been allowed to attach itself to the skin, and to infect the lymphatic glands of the axilla. All cancer has a formative period, when it is comparatively non-malignant and curable.

Patients with extensive cancerous disease always give one of two excuses for their delay in treatment. In one instance they say that they consulted with their physician, who told them that there was no great danger so long as the surrounding glands were not enlarged, and if they found the disease spreading and causing them trouble, to consult him again, at their convenience.

There are no words of condemnation too strong for a physician, who, through ignorance or timidity, will thus deprive his patient of the one most favorable period for successful operation. If he be unable to make a diagnosis, he certainly ought to be able to refer the patient to some one whose experience has been more extended than his own.

It is not surprising that we hear so much of the non-curability of cancer. What success would attend the treatment of a simple fracture, or a dislocation of the head of the humerus, or an acute pneumonia, if the surgeon or physician advised the patient to wait a few weeks or months to see what the result of non-intervention might be!

The other class declare that the doctor advised them to have it removed, but they refused to follow his suggestion.

It is hardly credible that a patient would refuse treatment in such a case if the medical man was conscientiously devoted to the performance of his plain professional duties, and explain the situation without reserve. It is our business to urge and entreat cancer patients to immediate action, with the same spirit with which we would rescue a man from a burning house; for delay is death in both instances, with equal certainty.

While cancer in the breast is very properly in mind, as a typical form of the disease, what I have said is equally true of all varieties of the disease, and wherever located.

What is true in regard to a primary growth, is just as important in recurrent carcinoma and epithelioma. Remove the new disease as soon as it is detected, and repeat the operation as often and thoroughly as possible. A permanent cure is often effected after several recurrent growths have been eradicated. Never hesitate to continue on this course so long as the disease can be removed without immediate danger to the life of the patient.

To repeat then; an *early* operation, and a *thorough* operation, and the same repeated early and thoroughly, furnish us a fair prospect of success in quite a large percentage of cases of cancer.

62 PARK AVE.

[FOR EASTERN MEDICAL JOURNAL.]

Chloroform Narcosis Induced During Sleep.

By JOHN A. WYETH, M. D., Professor of Surgery in the New York Polyclinic; Visiting Surgeon to Mt. Sinai and St. Elizabeth Hospitals.

On Feb. 18, 1886, I was called to see a child, three and a half years old, who, on the day previous had sustained a fracture of the thigh in the middle third. When I arrived at the house, I found the boy asleep, and with the assistance of Dr. W. W. Van Arsdale, I endeavored to administer the anæsthetic (chloroform,) without awakening him. Everybody was requested to keep quiet, and approaching the bedside cautiously, I poured about ten drops of the anæsthetic on a napkin, and held it above and about two feet from the face. In three minutes the quantity was repeated, and the napkin brought to within eighteen inches. By repeating this process, and gradually accustoming the respiratory tract to the anæsthetic, the napkin was brought down close to the nose, and the child passed,

without awakening, from natural sleep into profound narcosis. The thigh was enveloped in a plaster of Paris dressing. The little patient was awakened several hours afterwards, and was much astonished to find that he could not move his leg.

I report this case on account of a recent discussion which took place in the columns of the *Medical Record* on the subject.

Pelvic Inflammation.

Read before the Nashville Academy of Medicine and Surgery.
BY W. G. EWING, M. D.*

In order to thoroughly appreciate the pathology of pelvic inflammation, it is necessary to keep prominently in view the anatomy of the pelvic organs. Within the pelvis there is an abundant supply of connective or cellular tissue. It is found to a greater or less extent in all the intervening spaces between the various organs contained in the pelvic cavity, except between the peritonæum and posterior, superior and anterior surfaces of the body of the uterus. It exists in greatest abundance at the junction of the broad ligaments with the uterus and around the cervix, and is found in considerable quantity between the folds of the broad and utero-sacral ligaments. In addition to acting as a bond of union between these structures, it is the channel through which the blood-vessels pass.

The peritoneum invests all the pelvic structures. It descends into the pelvis in front of the rectum, covers a small part of the posterior wall of the vagina, and is then reflected on to the uterus, the fundus and body of which it covers. From the anterior surface of the uterus, it is reflected upon the posterior wall of the bladder. From the sides of the uterus the peritoneum reflected on each side to the wall of the pelvis, forming the broad ligaments, between the layers of which, in addition to the cellular tissue already mentioned, is found blood-vessels and lymphatics, the

* Read before the Nashville Academy of Medicine and Surgery.

fallopian tubes are situated in the upper free margin of the broad ligaments (and are covered by peritonæum except at the fimbriated extremity) The fallopian canal begins at the uterus and terminates at the peritoneal cavity, thus creating a closer communication between the vagina, uterus, fallopian tubes and peritoneum; the ovaries are situated on the sides of the uterus in the posterior wing of the broad ligaments, just behind the fallopian tubes. The literature upon the subject of pelvic inflammations has been very extensive, but unfortunately the theories advanced as to the pathological site have been at such variance that we have not gained as much information upon the subject as is generally gained upon affections receiving so much attention.

Nonat, in his work, while acknowledging such an affection as pelvic peritonitis, locates the site of inflammation chiefly in the cellular tissue. Beneutz and Gaupil occupy a position directly opposed to the one assumed by him, whilst not denying the existence of cellulitis in their treatise upon diseases of women, locate the affection chiefly in the peritoneum, regarding it almost as a condition synonymous to orchitis in the male.

While I am ready to admit that it is possible to have a slight inflammation confining itself to either cellular tissue or peritonæum, I cannot conceive how it is possible—looking at the anatomical relations of these structures—for an extensive cellulitis to exist without the peritoneum becoming sooner or later involved to some extent, and *vice versa*. The predominating inflammation is sometimes doubtless situated in the cellular tissue and sometimes in the peritoneum. The latter, in my opinion, is much oftener met with, and is more chronic in nature, producing visceral adhesions, the result of false membranes, and that the tumors are frequently formed by matting together of the various intri-pelvic viscera as a consequence of the inflammation; whereas, when the predominating inflam-

mation is in the cellular tissue, it is more likely to run a regular course.

Etiology.—Pelvic inflammation is secondary, whether located in one structure or another, being the result of septic absorption, or the extension of inflammation from the fallopian tubes or ovaries.

A greater number of cases are credited to parturition and absorption than to any other source, and it is the result of septic absorption of the lymphatics.

Next in the order of frequency and importance is nonorrhœa, which produces it by an extension of the gonorrhœal virus from a vaginitis to the uterine cavity from thence to and through the fallopian tubes to the peritoneum, thus setting up peritonitis. In puerperal women gonorrhœa is of special interest as to the causation of this affection.

According to Noggeerath, a common cause of pelvic inflammation is what he terms later gonorrhœa in the male, he being of the opinion that a gonorrhœa once contracted is never entirely cured, and that it is capable of communicating its specific infection years after. Noggeerath's views are doubtless extreme, for the number of cases of previous gonorrhœa in the male is out of proportion to the number of women who suffer with pelvic inflammation; but his views are of service, for they assist in impressing the fact that to gonorrhœa is due many cases of pelvic inflammation. Imprudence during menstruation produces many cases, and when we take into consideration the minuteness of the fallopian canal, especially near its uterine extremity, we can easily appreciate how inflammation would result secondarily from the engorgement which sometimes accompanies sudden suppression of the menstrual flow. The number of other causes, such as ovaritis, excessive venery, traumatic issues, etc., are so numerous that we will not trespass upon your time to speak of them, thinking we have already dwelt long enough upon the etiology.

Pathology.—The pathology differs with the structure chiefly involved, as well as with the location and stage of the disease. If the inflammation is predominating in the cellular tissue the same changes will be met with that are in existence in an ordinary phlegmon, *viz.*: first, congestion, second, effusion; third, suppuration; frequently, however, it does not pass through the three stages, as it may be arrested in the first, or end in resolution in the second stage. Again, it may neither end in resolution nor suppuration, but by absorption of the serous portion of the liquor sanguinis, and the organization of the plastic lymph may result in permanent induration of the affected parts. When the peritoneum is chiefly involved, if acute, there is little or no difference in the pathology from the one just given. If the disease is ab-acute or chronic, the exudation, which is plastic, produces the matting together of the pelvic-viscera, the fallopian tubes and ovaries, as well as the uterus, being frequently displaced and immovable.

Complications.—The most important complications are ovaritis and salpingitis.

Symptoms.—In acute attacks pain is usually one of the first symptoms, and this is generally attended by a chill, following which there is an increase in temperature, a full, bounding pulse; in severe cases there is more or less tympanitis, great tenderness in hypogastric and ileiac regions, the patient will lie upon her back with the thighs flexed, and the bladder and rectum are generally affected by reflex action, the bladder becoming so irritable that there is a frequent desire to micturate, constipation is the rule. When the disease is chronic the symptoms are not so prominent, the pain is less acute, neither is it attended with the inflammatory symptoms that are sometimes so obscure that the disease is discoverable only by physical examination.

Physical Signs.—A vaginal examination during the first stage of an acute attack will find a marked local elevation of tem-

perature, and the parts excessively tender; a little later, after exudation has taken place, a fullness is discovered, and as the disease progresses the uterus becomes fixed in its position, frequently displaced, a tumor is often discoverable in some portion of the pelvic cavity, usually to the side or posterior to the uterus; these tumors may be abscesses, displaced ovaries, or merely an agglutination of the pelvic-viscera.

As the chronic is frequently the sequel of an acute attack, an examination at this stage would reveal the same condition of things that is found to exist in the latter part of the acute attack, which has just been given.

Diagnosis.—The only affection that is likely to be mistaken for pelvic inflammation is pelvic hæmatocele, from which it can be distinguished by the symptoms of inflammation in the one, and symptoms incident to hæmorrhage in the other. The tumor met with in hæmatocele is, as a rule, posterior to the uterus, while that resulting from pelvic inflammation oftentimes exists upon the side of the uterus. The location of the tumor, however, can not be relied upon. The tumor ensuing from the inflammation is hard at first and either disappears or softens as suppuration ensues.

Treatment.—If the patient is seen early she must be kept perfectly quiet in bed; pain must be relieved by morphia, administered hyperdermically; afterwards the pain should be kept subdued by suppositories of morphia, administered as often as may be necessary; warm poultices should be applied over the abdomen; hot water vaginal injections should be administered freely. It is claimed by Emmet that hot water injections, resorted to at the beginning of an attack, will frequently cut short the inflammation. The bowels in the early stage of the disease should not be interfered with; as the disease progresses, however, they should be kept regular with mild aperients. The febrile excitement, if high, should be controlled by aconite. The treatment in

the second stage varies little from that resorted to during the congestive period, excepting that a large plaster over the lower part of the abdomen will now be of service. If suppuration ensues, which is indicated by signs, followed by fever and increase of pain, tonics, such as iron and quinine, will be demanded, along with the most nourishing diet. The diet should be looked after from the beginning; in the early stage it should be chiefly milk; as the strength diminishes, in addition to the milk, beef tea, soups, etc., should be added, and stimulants may be required to sustain the patient. Should an abscess form, it should be immediately evacuated, and the place of opening should be the point indicated by nature, it matters not whether that be through the vagina, rectum or abdominal wall.

When adhesions are present, unless very extensive, it is better to leave the case to nature, instructing the individual as to the precautions necessary to prevent relapses. Should, however, the ovaries or fallopian tubes be diseased to such an extent as to threaten the life of the patient, or by if constant recurrence of the inflammation the woman's suffering is such as to make life a burden, a parotomy should be resorted to.

Progress of Medical Science.

Brain Surgery.—We learn the following interesting account from the *British Medical Journal*:

"A man was recently admitted into the National Hospital for the Paralysed and Epileptic (Queen Square), suffering from a severe form of epilepsy consequent upon an injury to the head which had involved the brain. About three weeks ago, Mr. Victor Hosley, who is assistant surgeon to the hospital, trephined in the neighborhood of the scar, cleared away the injured bone, and excised the scar in the brain. In order to remove

the whole of the scar tissue it was necessary to excise from the upper end of the fissure of Rolando a mass of mixed cicatricial and brain tissue measuring about an inch and a half long, and an inch deep, and three quarters of an inch broad. A drainage tube was introduced at the operation, but removed the following day; a little serum had to be let out from the cavity of wound on the fifth day, but the wound was practically healed within a week, and all dressings were removed on the tenth day. The patient never had a bad symptom, but it is yet too early to form any opinion as to the prognosis with regard to epilepsy, though when enquiry was made we were informed that he had no fit since the operation. It is interesting, in the face of the reiterated misstatements of a certain knot of agitators, to learn that the operator, in this most successful case,—successful, that is, so far as surgery can make it—was guided not by the generally prevailing doctrines, with regard to the treatment of wounds, but by principles established by experiments on animals."

Obstruction of the Bowels Treated by Paracentesis Cæci.—At a meeting of the Medical Society of Victoria, held February 3, 1886, Dr. J. E. Neild (*Australasian Medical Journal*, February 15, 1886,) read an account of a case of a man, aged 21, who sent for him on September 14 last, complaining of some pain over the cæcum, and slight abdominal tenderness. There was no swelling, pulse and temperature were normal, but there had been constipation for three days. The condition of the bowels he connected with a supper of cray-fish and cucumbers. A dose of sulphate and carbonate of magnesia, with sulphuric ether, were given, and on the following day a mixture of castor oil and belladonna, with an external application of belladonna and glycerine over the region of the cæcum, which served considerably to diminish the tenderness. A week later the tenderness

over the cæcum had returned, and there was now some tympanitic swelling. The pulse went up to 116, and the temperature rose to 102. As the bowels had been acting extremely irregularly, Dr. Neild concluded that the large bowel had temporarily lost its contractile power, and a mixture of strychnine, belladonna and ginger was accordingly directed. The following day there had been no action of the bowels, and there was a doughy swelling extending from the cæcum half-way up the ascending colon, and it clearly contained both fæces and flatus. The pulse was 120, and the temperature 103°, and there was an expression of considerable anxiety in the patient's countenance.

Paracentesis of the cæcum was then performed with an ordinary syringe, and the puncture gave exit to a large quantity of exceedingly offensive gas, and the swelling notably subsided. This treatment was quite successful. The abdominal tenderness continued for a few days, but the swelling gradually subsided. The enemata and strychnine and belladonna mixture were steadily persisted in, with occasional doses of castor oil. In a week the patient was well enough to go into the country, and he was seen there three three weeks later by Dr. Neild entirely restored to health, with, however, an occasional tendency to constipation. It seems evident in this case that the peristaltic action of the bowels was arrested by the combined mechanical distention of fæces and flatus, and that the puncture of the bowel by relieving pressure averted constrictive inflammatory action.—*Therapeutic Gazette*.

Diethetic Fallacies.—1. That there is any nutriment in beef-tea made from extracts. There is none whatever.

2. That gelatine is nutritious. It will not keep a cat alive. Beef-tea and gelatine, however, possess certain reparative power, we do not know what.

3. That an egg is equal to a pound of

meat, and that every sick person can eat them. Many, especially those of nervous or bilious temperament, cannot eat them, and to such, eggs are injurious.

4. That, because milk is an important article of food, it must be forced upon a patient. Food that a person cannot endure will not cure.

5. That arrow-root is nutritious. It is simply starch and water, useful as a restorative, quickly prepared.

6. That cheese is injurious in all cases. It is, as a rule, contraindicated, being unusually indigestible; but it is concentrated nutriment, and a waste-repairer, and often craved.

7. That the cravings of a patient are whims and should be denied. The stomach often needs, craves for, and digests articles not laid down in any dietary. Such are, for example, fruit, pickles, jams, cake, ham, or bacon with fat, cheese, butter and milk.

8. That an inflexible diet may be marked out, which shall apply to every case. Choice of a given list of allowable in a given case must be decided by the opinion of the stomach. The stomach is right, and theory wrong, and the judgment admits of no appeal.

A diet which would keep a healthy man healthy, might kill a sick man, and a diet sufficient to sustain a sick man would not keep a well man alive. Increased quantity of food, especially of liquids, does not mean increased nutriment; rather, decrease, since the digestion is over-taxed and weakened. Strive to give the food in as concentrated a form as possible. Consult the patient's stomach in preference to his cravings; and, if the stomach rejects a certain article, do not force it.—*Technics*.

Gastric Syphilis.—Dr. L. Galliard reports some cases of gastric trouble successfully treated with mercury and iodine, and recalls two instances in which Klebs and Cornil found gummo tumors in the wall of the stomach. He concludes that there exists a syphilitic gastric mucous membrane,

which consists in the presence of ulcerated gummata of the wall of this viscus. This gastric syphilis would seem to be less uncommon than has hitherto been supposed, and the author believes that many cases of alleged simple ulcer occurring in syphilis patients are really referable to the action of the specific virus, and that much good would result from specific treatment in such cases.—*Schmidt's Jahrbucher*, March 15, 1886.

Certain Elements Found in the Blood of Malarial Fever.—It has long been known that changes in the blood occur in this disease. It is now known that in the red corpuscles there are certain bodies which appear to be living organisms, and these occur only in this disease. These are found by taking a drop of blood and spreading it on a slide, so that there shall be but a single layer of corpuscles. These are stained with a weak solution of fuchsin. The nuclei of the white corpuscles will be intensely stained, and the red slightly stained, and in some of the red corpuscles will be seen brightly stained bodies of irregular shape. These exhibit distinct amœboid movements.

Remarkable Lesion of the Nerve-centres in Leucocythæmia.—Dr. Byron Bramwell reports (*British Medical Journal*), a typical case of leucocythæmia in which the vessels of the nerve-centers presented remarkable varicosities. He thinks also that he observed micrococci in the substance of the superior cervical ganglia. It is thought that this condition of extraordinary vascular dilatation and extravasation may not be unusual in leucocythemia, although no cases of the kind have heretofore been put on record.

Chorea of the Larynx.—Professor P. Masucci, after describing two cases of this affection, recently observed by him, writes of the two theories at the present time in vogue to explain its occurrence. Massei thinks that chorea of the larynx is due to

increased reflex sensibility of the larynx, while Schrötter looks upon it as a pure neurosis. The latter opinion is shared by most authorities. As regards the treatment, the author obtained rapid permanent results from the use of the galvanic current alone. In this strange affection many remedies have been found efficacious at one time and utterly useless at another, so that it is utterly impossible to decide upon the precise pathogenesis from the results of treatment.—*Rivista Clinica dell' Università di Napoli*, April, 1886.

Cocaine Anesthesia of the Skin.—Julius Wagner reports in the *Wiener Medicinische Chirurgie*, a novel method of developing complete anesthesia of the skin by means of cocaine. He makes use of the so-called cataphoric action of the galvanic current to this end. The anode, a large padded electrode, is saturated with five per cent. cocaine solution. A medium current is employed. After a few minutes, the area, covered by the electrode, is completely anesthetized. He says the effect is heightened by first rendering the part bloodless by compression or bandaging.

Ustilago Maidis.—Dr. James Mitchell contributes (*Therapeutic Gazette*, April, 1886,) a valuable article on the physiological action of *ustilago maidis* on the nervous system. Ten to fifteen minims of the fluid extract injected into the posterior lymph-sac of normal frogs produced profound narcosis. At first a semi-comatose condition was noticed; this was followed by a short period of excitement, succeeded by muscular tremors and clonic spasms. The muscular irritability appeared to be greatly increased. All these symptoms then terminated in paralysis. If the dose was insufficient to produce death, all the symptoms subsided, the paralysis disappeared, and in the course of from one to two hours the animal appeared to have regained his normal condition. In full toxic doses the immediate cause of death appears to be paralysis of

the respiration, as the heart is found beating rhythmically after all the external signs of life have ceased. The author made several experiments to ascertain the cause of the paralysis, and offers the following conclusions: That the ultimate action of *ustilago maidis* upon the nervous system is that of a general depressant, producing a diminution and final extinction of all reflex and volatile phenomena, with the early introduction of narcotism with the blood-serum of animals, he finds the results most satisfactory, being able to obtain successive generation. That the loss of reflex activity is due to the paralysis of the sensory (receptive) portion of the chord. That the motor portion of the chord is also depressed, as well as the motor nerves. That it is also probable that the sensory nerves share in the general paralysis. The drug classed in Wood's Therapeutics as an oxytocic agent. The author places in parallel columns the action of *ustilago maidis*, potassium bromide, and ergot of rye; on comparing these it is found that the first two resembled each other very closely in their physiological action on the nervous system.—*N. Y. Medical Journal*.

Cultivation of Pathogenic Micro-organisms.—Dr. E. Bumm, of Würzburg, advocates in the *Deutsche Med. Wochensh.* the use of human blood-serum, adopted by Koch, asserting that it is the only convenient and safe method for producing some specific human micro-organisms. He obtains the serum from the placenta, whence alone he thinks a sufficient supply can be got under ordinary circumstances. He has lately thus cultivated the gonococcus, and, as compared with cultivation. At the very outset, the advantage of the method is apparent in the intermediate spreading of the gonococci from the periphery of the pus to the surface of the serum. His method is as follows: He obtains the blood while the placenta is still in the uterus. The umbilical cord having been in the usual way tied and cut, the rest of the cord is cleansed

with corrosive sublimate and sterilized water, compressed with the fingers, and again cut above the ligature. The end of the cord is introduced into the neck of a glass retort, the pressure of the fingers is removed, and fifteen to twenty cubic centimetres of blood flow into the vessel at once, and, by waiting by successive pains, forty to sixty cubic centimetres. The blood must be allowed to stand undisturbed for eighteen to twenty-four hours. If proper coagulation follow, fifteen to twenty cubic centimetres of perfectly clear serum may be thus obtained.

Mytrol.—In a recent thèse de Paris, Dr. Linarix gives an account of the properties of this substance. Mytrol is both an antiseptic and a disinfectant agent. By its presence it prevents the decomposition of fermentative and putrescible organic substances; applied to the skin, it does not produce the slightest irritation, if the epithelium be intact. If there be a slight abrasion, a few drops will produce a very trifling burning sensation, which quickly goes off. Mytrol stimulates the digestive faculties; all who use it find their appetite increased. In small doses it acts as sedative. It is eliminated by the lungs and kidneys, and has also a powerful balsamic action, but is more easily tolerated than most balsams. Its use is not followed by dyspepsia, nor by any of the other troubles attending the use of balsams in general. Dr. Linarix says that mytrol does not produce the same result at all periods of the affections of the respiratory system; in subacute and chronic catarrhal affections, it should be administered when fever has subsided; then the sputa becomes less purulent. The drug is given in capsules containing each fifteen centigrams (2 1-4 grains), in doses of two capsules three times a day, before meals.—*British Medical Journal*.

Subcutaneous Injections of Citrate of Iron.—Dr. Mori recommends very

highly the hypodermatic administration of citrate of iron in anæmia. Great improvement followed daily injections of a syringe-ful of a one per cent. solution into the gluteal region. At the end of two weeks the patient was practically cured. In another pregnant woman eight injections sufficed to bring about a very great improvement. In a woman fifty-four years of age suffering from a very severe degree of anæmia, induced by hard work and poor food, twenty-five injections were required before any satisfactory amelioration was to be noted.—*Centralblatt für Gynakologie*, June 5, 1886.

The Treatment of Gleet.—In an address before the Medical Society of the County of Albany, Dr. O. D. Ball described a method of treatment employed by him successfully in a number of cases of chronic specific urethritis (*Albany Medical Annals*, June, 1886). He employs an ointment composed of oxide of zinc, three drachms; lard, three drachms; simple cerate, two drachms. The application is made by means of an olive-pointed bougie. The constricted portion of the bougie is filled out evenly and as smoothly as possible with the full calibre of the instrument. The bougie should be carried down to the prostatic portion of the urethra as rapidly as possible, and then, after being rotated in both directions, slightly withdrawn and pushed back again, in the hope that some of the ointment will be forced into the swollen mouths of the seminal and prostatic ducts. In the same manner the remaining portion of the urethra should be treated, giving plenty of time for the ointment to be melted and left in contact with the diseased membrane. The patient should have emptied his bladder previous to the application, and should be instructed to refrain from doing so again as long as possible. The applications should be made at least twice a day—in the morning and the last thing before retiring. The instrument should not be too large, but of just

sufficient size to smooth out the folds of mucous membrane. For instance, when the penis measures three and a half inches in circumference, a No. 20 French will about answer the purpose. The average time of treatment of all the cases was a little over four weeks. The longest any one case was under treatment was eight weeks; the shortest was ten days, except in one case where the patient never saw any discharge after the first application was made.

The Injurious Effect of the Bandage After Labor.—Dr. W. B. Lyman, of Wilson, Wis., regards the bandage applied after labor as a fruitful cause of sub-involution of the uterus. The weight of the organ, after delivery, is two pounds or more, and this should normally be reduced to a few ounces within a few weeks, the greater part of the change taking place during the second week. In order, he says, that this change may progress perfectly the organ should have the freest possible circulation, and this is only obtained by the perfect rest of the patient in the recumbent position, all abnormal pressure over the organ being avoided. Nature does what she can by relaxing the abdominal parietes, and distending the intestines with gas, so as to cover the uterus with an air-cushion, and thus relieve the organ from undue pressure during contraction of the abdominal muscles. Under these conditions there is free and uninterrupted circulation through the blood-vessels and lymphatics of the uterus and its appendages. But the bandage, Dr. Lyman maintains, exerts constant pressure on the organ, confining it rigidly against the walls of the false pelvis, and when a pad is also applied, the uterus is more or less impacted in the brim of the pelvis, the ligaments are stretched, and malpositions and passive congestion result. Experience has taught him, he says, that a bandage does not add to the comfort of the patient, and he believes that it should be discarded, except in certain cases where its application is clearly indicated.—*Record*.

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A Form of Sewage Irrigation Comfortable with Health.

Sewage is generally distributed on farm lands, in one of the following ways:—

I. Letting the sewage flow over the land by gravitation simply, on a slope of one inch in two hundred, to one inch in five hundred. This is adopted on land sown with Italian rye-grass, as on the sewage farm at Croydon, England.

II. By a system of ditch irrigation.

III. By underground pipes, the ends of which are laid loosely together so as to allow the sewage to run out; the sewage is allowed to accumulate in the flush-tank (which is higher than the field,) for twelve hours, and then thrown into the pipes by a syphon.

The first system is termed broad irrigation; the second is called the system of beds and ditches, and is chiefly used in the cultivation of vegetables; the third is termed sub-surface irrigation, and the sewage field is converted into lawns, upon which no crops are raised. In connection with this plan, we may remark incidentally, in anticipation, that the sewage undergoes very little alteration.

Regarding the scientific aspect of the question, as to the relative value of chemical changes in the sewage in these three different systems, we will remark that as to the first system, that of broad irrigation, upon a sufficient area of land, and in a properly regulated manner, it is capable of purifying the sewage water so completely that no appreciable amount of putrescible matter is to be found in the effluent water at the bottom, or lower end of the field. As an instance in point, we will state that on the Croydon sewage farm, the sewage water which enters the upper ditch, is converted into clear potable water when it reaches the lower ditch, after traversing the surface of the field. The employes drink this latter water.

In regard to the third system, that of sub-surface irrigation, it is popularly thought to be superior to the employment of open drains, on account of exposure of the sewage in the latter. It would also naturally suggest itself as scientific. We will not anticipate, but take first the scientific view of the operation of the second system.

In this second system, that of open ditches, the sewage percolates laterally through the raised beds on either side; then through the agency of the microbe known as the bacterium of nitrification, the chemical solids and fluids proper for the nutrition of plants, are taken up by them in the soluble form. To complete this necessary chemical transformation, that the effluent water running from drainage tile pipes, placed from three to five feet below the surface of the ground, is found to be practically pure.

In contradistinction to this second plan, in the third plan, that of sub-surface irriga-

tion, where the distributing tiles are placed eight or ten inches below the surface, microbes are prevented acting on the sewage, simply from the fact that bacteria of nitrification are not found to operate below twelve inches below the surface; microbes not being able to operate without oxygen. In animal bodies anerobic bacteria operate on oxygen contained within the blood and tissues.

These facts have been determined by experiments. Specimens of earth taken from different depths, and introduced into liquid sewage, established the fact that bacterial energy, in relation to the transformation of sewage, diminished rapidly below the depth of nine inches from the surface of the ground.

In reviewing the above systems, the second one seems to be the best and most practical, in relation to the scientific treatment of sewage. The first system, so far as we know, is not in use in the U. S.

The second system is in operation at the sewage farm of the town of Pullman, Ill. This farm is 140 acres in extent, and the value of the crops for 1885 was \$18,000. The crops consisted of potatoes, cabbages, onions and celery. These vegetables were shipped to distant points.

The third system is in operation at Lenox, Mass., and at Sherborn State Prison in this State. In these two latter places, the system is reported not to have answered the fullest expectations.

Alexander's Operation.

This procedure having been criticized lately, it is pleasant to chronicle the result of it in a series of fifteen cases, the operations being performed by Dr. Polk, of

Bellevue Hospital, N. Y. The results were perfectly satisfactory.

A series of cases like this, successfully performed, puts the operator in a very different position of authority to where one has only performed two or three operations. In the latter case also, perhaps, the operator may not be skilled.

After comparing this new operation with the older operations on the vagina and perineum, it seems rather singular to hear Dr. Polk say:

"That the recognized perineal and vaginal operations fail to reach the essential causes of defect in the pelvic floor is proven by the constant recurrence of prolapse in cases subjected to the most elaborate and thorough operations upon the perineum and vagina. This being so, we must see if aid cannot be obtained from the round ligaments. I am sure that it can be."

This is a rather melancholy verdict to render on so much that has been done in this way.

Dr. Polk states:

"Prolapsus uteri is the joint result of rupture of the perineal structure, and stretching of the uterine ligamentous supports. These supports are chiefly the utero-sacral and basic lines of the broad ligaments. Its principal support is the pubo-coccygeal division of the levator ani, or I think much better named, the pubo-perineal division, *enclosed between its layers of fascia*.

The following are the important conclusions reached by Dr. Polk:

"The indications for operation may now be summed up as follows: Prolapse of the uterus; retroversions and retroflexions of the uterus, in which the organ can be placed in the normal position, and yet a pessary cannot be comfortably worn; prolapse of the ovary, the organ being reducible and not large enough to demand removal.

"From this statement it will be seen that the operation has a limited but well defined application, and that it reaches cases which, without it we would either abandon or else subject to graver procedures."

Speaking of his cases, he says:

"A glance at these cases will show that I

have applied the operation to all the conditions for which it has been recommended, and to two which have been excluded by the originator of the procedure, the two with adhesions holding the uterus down. The result in these satisfies as to the propriety of excluding all such. So long as the uterus cannot be easily placed in a normal position by the sound it stands outside the domain of Alexander's operation. Such cases can only be treated by a plan which I have been driven to, that of abdominal section; then tearing up the adhesions, and removing the tubes if they require it; but if they do not, by placing a drainage-tube behind the uterus, as we have to do in many ovariectomies, and leaving it in for forty-eight hours. By this method, I believe we secure permanently an anterior position for the organ.

"Recapitulating, the conditions for which I have performed Alexander's operation we find them to be: Retroflexions, 4 cases; retroversions, 6 cases; retroversions with prolapsed ovaries, 1 case; prolapse of the uterus, 3 cases."

Notices, Reviews.

QUARTERLY BULLETIN OF THE CLINICAL SOCIETY OF THE NEW YORK POSTGRADUATE MEDICAL SCHOOL AND HOSPITAL.—For May. \$2.00 a year; single numbers 50 cents. This handsome publication is well kept up; and illustrated, when necessary, with wood-cuts of microscopic specimens, etc. Arrangements are also being made to publish regular reports from the College Clinics. The Hospital is in a flourishing condition, and the Training School for nurses is now in full operation.

ANNUAL ANNOUNCEMENT OF BISHOP'S COLLEGE, (Medical Faculty,) Montreal, Session '86-'87. Two gold medals (Nelson, and Wood,) are annually competed for.

A MANUAL OF BANDAGING, adapted for self-instruction. By C. Henri Leonard, A.M., M.D. Printed on fine paper, with one hundred and thirty-nine engravings. Published by the Illustrated Medical Journal Co., Detroit, Mich. Price, \$1.50, post-paid.

MILK ANALYSIS AND INFANT FEEDING. A practical treatise on the examination of

human and cow's milk, cream, condensed milk, etc., and directions as to the diet of young infants. By Arthur V. Meigs, M.D., Physician to the Pennsylvania Hospital, and to the Children's Hospital; Fellow of the College of Physicians of Philadelphia, etc. Published by P. Blakiston, Son & Co. Price, \$1.00.

A COMPEND OF PHARMACY, by F. E. Stewart, M.D., PH.G., Quiz Master in Chemistry and Theoretical Pharmacy in the Philadelphia College of Pharmacy; Demonstrator and Lecturer on Pharmacology in the Medico-Chirurgical College, and in the Woman's College, Philadelphia. 12 mo. 196 pages. This Compend of Pharmacy is based, by special permission, on Pro. Joseph P. Remington's "Text-Book of Pharmacy," which is now acknowledged standard authority. The author and publishers have given much time towards making it as complete and concise as possible, and in arranging the types and paragraphs so as to make it easily and quickly referred to, and it will be found a useful guide to pharmacy.

Published by P. Blakiston, Son & Co.

INEBRIISM, BY T. L. WRIGHT, M.D. For sale by the author. Address Dr. T. L. Wright, Bellefontaine, Ohio. Price, \$1.25. Send draft, express order, postal order, or postal note, and receive the book by mail free.

"A TREATISE ON EPIDEMIC CHOLERA AND ALLIED DISEASES," by A. B. Palmer, M.D., LL.D., Professor of Pathology and Practice of Medicine in the College of Medicine and Surgery, in the University of Michigan; author of "The Science and Practice of Medicine," etc.

This publication, so timely in view of the probable visitation of Epidemic Cholera in this country, consists of a volume of about two hundred pages, neatly and substantially gotten up, and bound in cloth. It contains a summary of the literature on the subject brought down to the present time, includ-

ing the recent investigations of Koch and others; and in it the causes, methods of prevention and treatment are fully discussed, and definite directions given.

The reputation of the author as a teacher, practitioner and writer of long experience in cholera during three seasons of its prevalence in Chicago, is a guarantee of the character of the work.

Published by Ann Arbor Register Publishing House, Ann Arbor, Mich. Price, \$1.00, pre-paid.

Medical Items.

Dr. W. C. Wile, the talented and spirited editor of the *New England Medical Monthly*, has sailed for Europe. We wish him a pleasant holiday.

Pasteur. Those doctors wishing to send patients to the French scientist for hypodermic injections, are notified (*by us*) that his address is 45 Rue d'Ulm, near the Sorbonne, Paris. There is, however, great divergence of opinion regarding the advisability, or even efficacy of this mode of treatment, whether preventive or curative.

In the *N. Y. Record*, of July 3, Dr. McKee, of Cincinnati, states that consanguineous marriages are not followed by evil consequences more frequently than, after other marriages. These marriages are more practised by Quakers and Jews and are more frequent among the aristocracy.

New Treatment for Gonorrhœa—The fluid extract of Kava Kava; dose, from fifteen to twenty drops.

Institutions for the injection of hydrophobic virus are now established in New York and Milan.

Hopine.—This substance has been presented to the profession as an alkaloid of hops; recent investigations, however, have shown that its most potent principle was morphine. Let us hope-ine, hope on, hope

ever, that the frauds of pharmacy may be exposed by earnest, honest investigators.—*Weekly Medical Review*.

Dr. Gillette reports to the New York Obstetrical Society, a case of vaginitis, caused by the presence of red ants in the vagina. Proper anti-septic precautions would have avoided the trouble, probably.

Six medical societies, seven medical colleges and eight medical journals are maintained in the city of Chicago.

Cholera Reports.—Daily advices from Mediterranean ports state that quite a large number of persons are attacked, from which a large percentage die.

Yellow Fever in Boston.—It is reported that on July 15, two cases of the disease were discovered on a vessel that had just arrived from the ports of Ponce, Porto Rico, and Miragoane, Hati. The first case is said to have made its appearance when three days out, and the second when eight days out from the latter port.

Placeboes.—President Lincoln once went with Gen. McClellan to examine the fortifications around Washington. After inspecting those southerly and easterly they found the heaviest fortifications were north of Washington.

"When we reached this point the President asked General McClellan to explain the necessity of so strong a fortification between Washington and the north."

"General McClellan replied: 'Why, Mr. President, according to military science, it is our duty to guard against every possible or supposable contingency that may arise. For example, if, under any circumstances, however fortuitous, the enemy by any chance or freak, should, in a last resort, get in behind Washington in his efforts to capture the city, why, there's the fort to defend it.'

"'Yes, that's so, General,' said the President; 'the precaution is doubtless a wise one, and I am glad to get so clear an explanation, for it reminds me of an interest-

ing question once discussed for several weeks in our lyceum or moot court, at Springfield, Ill., soon after I began reading law.'

"'Ah!' says General McClellan, 'What question was that, Mr. President?'

"'The question,' Mr. Lincoln replied, was, 'Why do men have breasts?' and he added that after many evenings' debate the question was submitted to the presiding Judge, who wisely decided 'That if under any circumstances, however fortuitous, or by any chance or freak, no matter of what nature or by what cause, a man should have a baby, there would be the breasts to nurse it.'"—*Gen. Barnard in N. Y. Tribune.*

Remedy for Coryza.—Muriate of cocaine two grains, roasted coffee and white sugar of each one ounce. To be taken as snuff.

Gleet and Stricture.—In a paper on the treatment of gleet, in the *Albany Medical Annals*, Dr. O. D. Ball says that the more cases of this nature he sees the more he is convinced that the statement of Otis, that "all cases of gleet are dependent upon strictures, either of large or small calibre," is wrong. A fair proportion of these cases, he says, have no stricture, and he mentions the case of a man with an old chronic specific urethritis whose urethra had admitted a No. 36 French sound with as much ease as the ordinary canal will a No. 15.

Rabid Dogs in Odessa.—All persons in Russia bitten by rabid dogs and wolves will be treated in this city by Dr. Gamlet, for whose initiatory operations lymph has been supplied by M. Pasteur's laboratory.

Cattle Dying of Hydrophobia.—Twenty or thirty cows have died of what is supposed to be hydrophobia, in Bullard County, Ky., and many more are dying. The diseased cattle suddenly become frantic, bellow with pain, and fight with each other. Men on horseback have been chased

by them. The cattle die in spasms and frothing at the mouth within 24 hours after being taken sick. Two dogs supposed to be mad were killed a few weeks ago near Hinkleyville, and it is thought they may have spread the disease.

Different Colored Horses.—"Yes," said a physician, "poor Smith is dead. I did all that medical science could do, but nature has to take its course. In sickness nature is all-powerful; the physician can only assist and direct."

"Well, how is Brown?"

"Brown is all right again, but his was one of the worse cases I ever had to contend with. Nothing but the most skillful treatment saved him from the grave."

The Fatal Typhoid Fever.—The typhoid fever epidemic at Waterford, Wis., is rapidly increasing, over 40 cases now being reported.

Alexandria.—Full quarantine has been ordered against all arrivals from Austria and Italy because of the increase of cholera in Italy.

A Pinto medicine man at Round Valley, down in the Inyo section, having forfeited his life the other day by losing his third patient, was, under the good old common law of the tribe, taken out and killed by beating out his brains with clubs and stones.

If a parent were to send his child to a gymnasium for physical training and have it returned to him at the end of several years with an arm or a leg highly developed, and the rest of its body dwarfed, unpractised, and useless, the parent would scarcely find cause to congratulate himself upon this result. It is a serious question, whether, if he could survey the mind of his child, a very different result would be discovered in any product of our present school system.

Hair White at Thirty-eight.—The new King of Bavaria, the lunatic Otto, is

in a very precarious state of health. It is said that although he is only 38 years of age, his hair is already quite white.

Authenticated reports say the cholera in Austria is working havoc with the pleasure plans of the army of American tourists now there.

Statistics of Mad Dogs in London.—Sir Charles Warren, the Chief Commissioner of Police, has just issued some statistics with regard to mad dogs and deaths from hydrophobia which have come under the notice of the Metropolitan Police from January, 1885, to May, 1886. During this period the total number of mad dogs was 495. The lowest number was in January, 1885, when there was only 8. From this date the number of cases varied for each month as follows; February, 10; March, 22; April, 20; May, 24; June, 38; July, 47; August, 28; September, 31; October, 21; November, 58; December, 46; January, 1886, 27; February, 15; March and April, 29, and May, 23. The deaths from hydrophobia, which are taken from the Register-General's returns, numbered 26 up to December, 1885, the greatest number being in October and November, when there were 5 in each month. Between January and May, 1886, there were 7 deaths.

A Low Temperature.—Dr. W. C. Suckling reports, in *The Lancet*, the case of a woman with myxœdema who was comatose some time before death. The pulse was 36; the respirations 12 per minute. The temperature could not be taken with the ordinary clinical thermometers, which were not graduated below 95°, the mercury not rising to within an inch of the first mark on the glass. A thermometer used for taking the temperature of baths was separated from its iron frame, on which was the graduation, and the bulb was placed under the tongue for half an hour, the level of the mercury being marked on the stem with ink. The thermometer was again placed in its frame, and the registration

was 76.5°. The next day the pulse was imperceptible at the wrist, the heart-beats being twenty per minute. The temperature, taken the same way as the day before, was 70°. During the day it was taken several times, and varied from 66° to 70°. The patient died the same night. The bath thermometer, immersed in warm water, at the end of three minutes registered 90°, a clinical thermometer 98.5°, so that the figures given represented, with perhaps the difference of a degree or two, the actual temperature in the mouth, which is one of the lowest ever recorded during life.

Arsenic in Skin Diseases.—The Editor of the Journal of Cutaneous and Venereal Diseases is desirous of ascertaining to what extent arsenic is used by American physicians in the treatment of skin diseases, and also the results of their experience as to its therapeutical value.

Information upon the following points is requested of every physician who reads this. Are you in the habit of employing arsenic, *generally*, in the treatment of skin diseases? In what diseases of the skin have you found arsenic of superior value to other remedies? What ill effects, if any, have you observed from its use? What preparation of the drug do you prefer, and in what doses do you employ it?

Address, Editor of JOURNAL OF CUTANEOUS AND VENEREAL DISEASES, 66 West 40th Street, New York.

Pasteur's Laboratory.—The *Evening Post* quotes as follows from the *Pall Mall Gazette*: "A most extraordinary museum has just been opened in the Rue Vauguelin. It is difficult to say whether it should best be called a museum, or a factory, or a farm, or a menagerie. In fact it is all four combined, and grouped together for a purpose hitherto untried, and presenting an appearance hitherto unparalleled. These are the new headquarters of M. Pasteur, and here are to be found cow-houses, sheep-folds, fowl-walks, rabbit-hutches and dog kennels."

They are all, moreover, fully occupied. On one floor is the laboratory, where the vaccine soups and preparations are made up. Above it a museum, where specimens connected with the new cure are exhibited. There operating-rooms and rooms for are postmortem investigations and dissecting purposes. Two of the kennels are devoted to dogs in various interesting stages of early or advanced rabies. 'Hen cholera' is communicated, watched, and cured in the fowl-house. The cattle exhibit various stages of vaccination. Human beings have also their provided quarter. A spacious waiting room is set apart for patients, who troup daily in picturesque groups—according to the French press—representing all nationalities. In the mean time the great savant occupies the former quarters of the Pasteur Institute in the Rue d'Ulm, and devotes himself in dignified seclusion, to scientific research."

The Surgery of the Pancreas.—In an elaborate paper, based upon experiments and clinical researches, and published in *The American Journal of the Medical Sciences* for July, 1886, Dr. Nicholas Senn attempts to lay the foundations for a rational method for direct surgical treatment of some of the injuries and diseases of the pancreas. The literature on the surgery of the pancreas is exceedingly scanty, and loosely scattered through the medical journals and text-books, as no previous attempt has been made to arrange the material in a systematic form for ready reference. Our present knowledge of the surgical treatment of the pancreas is limited to a few operations performed for the cure of retention cysts, by excision or the formation of an external pancreatic fistula. The clinical material which the writer has collected, and more particularly the description of pathological conditions found within and around the pancreas at post-mortem examinations, is utilized for the purpose of pointing out new indications for operative interference, by such methods as will suggest themselves

from the results obtained by experiments upon animals.

Dr. Daniel Lewis.—At the Semi-centennial Commencement of the Alfred University, New York, the degree of Ph.D. was conferred on our distinguished townsman, Dr. Daniel Lewis.

A Southern journal tells us that "there is nothing new, after all, in the Pasteur methods. It has been long known and tried in communities where it is the custom in the morning for a man to inoculate himself with a thimbleful of the dog that had bitten him the night before." We are not perfectly clear as to what "a thimbleful of a dog" is, but presume reference is made to the animal's ear, or perhaps to the end of his tail.

Cheek.—An enterprising undertaker sent the following cool note to a sick man: "Dear Sir—Having positive proof that you are rapidly approaching death's gate, I have thought it not impudent to call your attention to the inclosed advertisement of my abundant stock of ready-made coffins, and desire to offer the suggestion that you signify to your friends a wish for the purchase of your burial outfit at my establishment."

Ovariectomy in Russia.—Dr. V. Matveyeff has collected the statistics of all the reported cases of ovariectomy performed in Russia up to the present time. The first laparotomy was performed by Vanzetti, in Kharkoff, in 1848, but the patient died. The first successful ovariectomy was reported by Professor Krassovski, in 1862. The total number of cases was 696, of which 213, or 30.4 per cent. died. It is to be regretted that the author does not give the proportion of successful cases year by year, as in this way only is it possible to judge of the progress made.

It is said that if mustard be mixed with the white of egg, instead of water, a plaster may be made which will draw thoroughly without blistering.

Reading Notices.

AN AID TO SUCCESS IN MEDICAL PRACTICE.—A recent treatise, which we believe has been widely read by the medical profession, discusses very ably the requirements that physicians should add to the strictly scientific.

That there are many qualities essential to the attainment of success in the practice of medicine, besides a knowledge of the science and art, cannot be denied, and the possession of these superlative prerequisites are often seen to more quickly open the portals to remunerative practice than the most profound attainments.

Since the practice of medicine has, with few exceptions, become a business—a means of making money—physicians cannot afford to ignore the cultivation in themselves of those qualities which command, though they may not deserve, success. The æsthetics of one's profession must not, therefore, be forgotten. The dress, the air, the manner of the physicians, all create an impression for good or ill, and for the mental influence exerted on fastidious patients, alone, it behooves the doctor to avail himself of every aid that pharmacy may extend toward robbing many of his disagreeable duties of their (to the sensitive patient,) obtrusively objectionable features.

A preparation which has been of great service to the doctor in this connection, is Antiseptic Cologne, manufactured by Parke, Davis & Co., which combines the properties of an active disinfectant with those of an agreeable perfume. The active constituents of this preparation are thymol, oil of eucalyptus and mercuric chloride, combined with a cologne of superior quality. The utility of this preparation is at once apparent. Nearly all the disinfectants in common use, which have any real value, are limited in their uses about the house, and especially in the sick room, by their disagreeable odor. In the sick room this preparation may be employed in the form

of a spray, with an ordinary perfume atomizer to overcome the disagreeable odors. Of course, this must be merely as palliative; the air must be kept pure besides, by free ventilation. Surgeons and physicians will find it to meet several important indications when they are attending patients suffering from infectious diseases. It is useful as a disinfectant for the hands in cases of infectious diseases, or to remove the odor of Labarraque's solution, which is so often employed for the same purpose. In gynecological and obstetrical practice, such a preparation as this is of especial service. A recent article in a medical journal (*Progress*, July, 1886,) highly commends the general use of Antiseptic Cologne by physicians, and we have pleasure in calling attention to its utility.

We learn that it is put up in half pint bottles, labeled with full directions for use, which are sold for \$1.00 each, or sample bottles, trial size, 25 cents.

MALTINE WITH CASCARA SAGRADA.—The Maltine Manufacturing Company, of 182 Fulton street, New York City, has just put before the profession this new combination, as being superior to any other for the purpose for which it was intended. The value of Cascara Sagrada in all cases of obstinate and habitual constipation, is conceded by nearly the entire profession. Combined with Maltine it becomes an agreeable and safe laxative, while the Maltine strengthens and invigorates the whole system. Unlike ordinary purgatives, this compound causes no pain, nor does it leave the bowels in a weakened or enfeebled state, having on the contrary a tonic action. The improvement in health is noticed from the start. We quote from the remarks made by Dr. Reid, an eminent English practitioner, at a recent meeting of the British Medical Association, who said regarding the use of Cascara Sagrada in thirty-three cases of which he had taken careful notice. "The result was all that could have been

desired in twenty-seven cases of habitual constipation, several of them being complicated by various forms of dyspepsia, and in many instances the patients being persons of sedentary habits, more especially females. Also the same authority states that Cascara was found of great service in many cases of piles, when other apperients had failed. Each fluid ounce of maltine contains one and a half drachms fl. ext. Cascara Sagrada. The medical profession is invited to send to the Company for one pound of the above, which they will send to those who will pay the express charges on the same.

UTERINE DISORDERS AS FOUND IN DAILY PRACTICE.—In our daily practice we constantly meet many cases of uterine affections not organic, in all ages from puberty upwards, where it is an impossibility to gain the consent of our patient to a vaginal examination. In such, we are compelled to depend entirely upon the symptoms as given. There is a general lassitude, deranged condition of the whole system, headache, loss of appetite, pains in the back, or a heavy feeling (as often expressed by our patient), a feeling of weight or dragging sensation from the lumbo-sacral region to the pubes, and even extending to the knees; a sense of weariness, weakness in the limbs, so our patient prefers to recline either on the sofa or in bed. Sometimes irritability of the bladder, bowels irregular, nervousness, discontentment, nothing seems to please her ideas. Often we find flatulency, tenderness over lumbar or sacral region (vertebræ).

In these cases I have resorted to many remedies, among which bromides, belladonna general tonics, etc., but have not received the desired results as wished for, when I tried caulocorea, and found it not only thoroughly satisfactory in its results as to allaying these uterine symptoms, but it did not interfere with the digestive functions. In leucorrhœa, where I used quinia, ferrum, strychnia, helonias ext., I have not succeeded so well as with caulocorea.

In one very troublesome case of leucorrhœa, I used Qui., Ferri et Strych., as a general systematic tonic, internally, and vaginal injections of zinc sulphate, alum, hamamelis, and even pinus canadensis, so highly recommended, but could not produce a permanent cure (no uterine displacement) till I placed my patient under caulocorea, during which time she used injection of potas. per mang. She is now thoroughly cured of her old trouble, her general health has improved greatly, appetite returned, bowels regular, functions and appearance of the skin good.

In dysmenorrhœa, with intermittent flow, either liquid or semi-coagulated, severe cutting pains in ovaries, and tenderness of uterine and ovarian region, I find it entirely reliable.

In prolapsus, flexions both ante and retro, I have used it, giving tone to the relaxed weak condition of the ligaments. I am not an advocate of pessaries, as I have seen more harm than good done from their injudicious use. Supporters I prefer. Mechanical support is often necessary, but apply so as not to distend the vagina or irritate it. We must not depend on an instrument liable to slip, that our patient can remove and replace in a manner according to their own ideas, which often is wrong, and interferes with the progress of their treatment.

The continued use of bromides for quieting the nervous symptoms, I find to interfere with the digestive functions, and also to produce skin eruptions, and in many cases alleviate their distress only temporarily.

I have used caulocorea also in the above, sometimes combine gelsemium and pulsatella but believe now if given alone is all necessary, as it has proven by its satisfactory results. In my treatment I instruct my patient, to avoid jumping, tight lacing, lifting, and the heavy weight of clothing on the waist, pressing contents of abdominal and pelvic cavity downwards. Much better to support by shoulders. Rest, the most important, also irregularities of diet.

With this treatment I find uterine affections much easier to treat successfully, than by the old slow manner, depending on toning up the whole system first, and waiting for the good effects below to arrive after.—E. WILDMAN, M.D., D.D.S. 1635 S. Broad St., Philadelphia.

Eastern Medical Journal.

A MONTHLY JOURNAL OF PRACTICAL MEDICINE.

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Original Articles.

[FOR EASTERN MEDICAL JOURNAL.]

Foreign Body on the Cornea Mistaken for Epidemic Catarrhal Conjunctivitis.

By DAVID WEBSTER, M. D., Professor of Ophthalmology in the New York Polyclinic; Surgeon to the Manhattan Eye and Ear Hospital, New York.

A patient with a foreign body lodged in the superficial layers of his cornea, or under his upper eyelid, usually presents a *facies* peculiar to that affection. The physician who sees many such cases will generally strongly suspect the existence of a foreign body at the first glance, and before he has heard a word of the patient's story or made any examination of the eye. Of course, in some instances, after hearing the history of the case, and making an examination, he will have to modify his "snap" diagnosis, but in the great majority of cases his first impression will be confirmed. If asked what constitutes the *facies* above referred to, I would say: I. only one eye is affected; II. the eyeball is red, the redness generally resulting more from constant rubbing with fingers or with pocket handkerchief, than from the direct irritation of the foreign body; III. the eye looks irritable and more or less watery.

To illustrate what I have said, I will relate a case that recently came under my observation.

On the 27th of last July a well-known New York physician walked into our office, and as he presented himself before me, I took in all the above enumerated conditions at a glance. "A sure case of foreign body," said I to myself. However, before examining the eye I made careful notes of the history of the case, as I do of every case.

The doctor said that two weeks previously he went to the country (Westfield, N. J.,) for health and recreation. While there he was called to see a lady with a "sore eye." He found her suffering from acute catarrhal conjunctivitis. She asked him if the affection was not *epidemic*, stating that she knew of a good many cases of "sore eyes" like her own in that neighborhood. Four days later the doctor was attacked with a slight neuralgia of his right supra-orbital nerve. He took six grains of quinine in the evening, and the next day he was troubled with smarting and burning of his eyes. He took nine grains of quinine that evening, and the third day his eyes continued to smart and burn. On that afternoon the right eye began to be red. He suffered greatly with it that night. The hot tears rolled out of it and kept him awake most of the night. He partially relieved the feeling of intense irritation by the use of a four per cent. solution of cocaine, on Tuesday and Wednesday. On Thursday afternoon he attended a case of confinement, and lubricated the os and cervix uteri with a one per cent. ointment of cocaine, using about a drachm of the ointment. He soon after noticed that his accommodation was becoming paralyzed. When he started out there were circles around the lamps as large as the small wheel of a bicycle, and when he returned they were as large as the large wheel. His eye seemed to improve after that, until Sunday, since which it has been getting steadily worse.

The eye is now (July 27, '86.) very red, the pupil slightly larger than that of the left eye, in consequence of his having dropped in cocaine three times this morn-

ing to allay pain and irritation. There is no pain when the eye is perfectly quiet, but the least movement of it causes severe pain. For the last three days there has been a catarrhal condition of the right side of the nose and throat, produced and kept up by the profuse lachrymation.

R. V. = $\frac{20}{40}; \frac{30}{40}$
L. V. = $\frac{20}{40}; \frac{30}{40}$ } with his cylindric glasses.

Upon inspection I found a minute foreign body, a railroad cinder, I suppose, imbedded in his cornea, a little below the level of the pupil. This had been there so long that it had produced a slight ulceration about itself, and had become so loosely embedded that I easily removed it with one gentle sweep of the spud. The doctor's surprise was great, but he could see it himself by looking at his reflected eye by means of a large, concave ear mirror.

I tied the eye up for a day or two, and after a few days all appearances of the irritation had disappeared.

It is hardly necessary for me to say that while the doctor was relating the history of his eye trouble, it pointed so strongly to an acute catarrhal conjunctivitis, caught in some way from the lady whose eye he was treating, that I thought I must be mistaken in my "snap" diagnosis. Probably if the patient had not been himself a physician, he would have consulted one much earlier, and thus been saved a week or more of acute suffering.

[FOR EASTERN MEDICAL JOURNAL.]

The Climacteric Period of Life.

By THOMAS H. ALLEN, M. D., Visiting Surgeon to the New York Charity Hospital; Member of the State Board of Examiners; etc., etc.

The climacteric period of life in a woman (it is said to occur in man), involving so many changes in the physiological operation of the pelvic viscera, it is not surprising it is attended by symptoms ranging in intensity from discomfort, to acute mania. So serious are the manifestations of the "Change of Life" upon the health and life of woman in some instances, that apprehen-

siveness increases with the advance of time, and induces an impaired condition of body by the epoch, when menopause asserts itself, so that we discover a weakened system to withstand a shock requiring all the energy of health. "L'aye de retour" proceeding noiselessly in the hidden depths of the nervous and physical systems, produces changes that become apparent to the casual observer. The stout, rubicund face, bright eye and dark hair, are supplanted by a pale, wrinkled face, dull, sunken eye, and gray hair. The sprightly woman, of tranquil mind and reserve power, becomes dull, restless, with neuralgia, or pain in the back and head, and an expression of fear may mark an individual hitherto untroubled; vertigo may supervene and eccentricity evince itself; impaired general health attend and ultimately dementia supervene.

In comparing the graver cases occurring during the "change," with milder ones, and remarking the picture of the two extremes furnished, I have been led to suspect antecedent trouble, as accounting for it in some measure. Doubtless temperament and "degrees of healthfulness" if I may use the term, play an important part; but another and potent factor I believe may be attributed to pelvic irritation. General ovulation is usually attended by a feeling of fulness and discomfort, which, under the influence of a source of irritation, such as the serious displacement or lacerated cervixes, may be transformed into a period of acute pain or supreme nervous excitement. When such is the case during ovulation, "a fortive" irritation will give rise to much graver symptoms at the menopause, when the human system is so sensitive and its normal energies are being suspended.

It may be stated as a proposition, that the menopause is made severer through the influence of irritation, and it must necessarily follow that the removal of the irritation enhances the woman's prospects of a safe and tolerable "change of life."

It is an interesting fact which I have oc-

casionaly found, that a uterine displacement or a lacerated cervix that had healed by cicatricial tissue, may have given no intimation of its existence until the climacteric disclosed itself, when as if suffering from having been long pent up, its symptoms were intensely exaggerated. I regard these displacements and neglected cervices as prolific causes of grave symptoms during this period; and that displacements should be treated at this epoch in accordance with the well known principles, or a torn cervix, or one made apparently perfect by the interposition of cicatricial tissue, should be subjected to the operation of trachelorrhaphy.

The following case is of interest in illustration :—

Mrs. D., aged 46, native of South America, has had four children. One year previously menses began to be irregular, and at the date of consultation had ceased. A deepening depression, with irritability and aversion to members of her family showed itself. Patient came to New York to consult an eminent electrician, but his efforts failed to relieve. I was then consulted, and proceeded to make a pelvic examination. An old laceration of cervix presented itself, the inverted margins of which were undergoing cystic degeneration. An operation was advised and was readily acquiesced in by the patient. A perfect union was obtained, and improvement began immediately. Six months after, a letter was received stating that there had been no return of the morbid phenomena; and the lady was amusing herself with the fashionable exercise of her native city—mule riding.

19 PARK AVENUE.

[FOR EASTERN MEDICAL JOURNAL.]

Examination of the Eye by General Practitioners.

By S. E. MASON, M. D., Instructor Pro Tem., in the New York Postgraduate School.

From past experience I am fully convinced that a great majority of general

practitioners are not familiar with the methods employed in examination of the eye. This is emphatically true of country practitioners. While most of the city physicians can avail themselves of the best professional advice, it is not so of many who reside in the country. Hence the necessity of country practitioners being able to make careful and intelligent examinations of eyes. They may not become especially skillful in this matter. How often do we see cases of keratitis and iritis that have been mistaken for conjunctivitis and have been treated for conjunctivitis, until the eye as an organ of vision is nearly ruined.

Again, granular conjunctivitis is never discovered, simply because the practitioner was not in the habit of inspecting the interior of the lids. Again, how many cases are reported as cataract, that prove simply a case of corneal opacity, discovered by the oblique illumination.

I believe every student ought be enabled to master the details of at least the simpler methods of examining the eye.

133 EAST THIRTY EIGHTH STREET.

Progress of Medical Science.

Cause and Prevention of Scarlet Fever.—A report has just been issued by the Medical Officer of the Local Government Board the importance of which, as regards the etiology and prevention of a widespread infectious disease, deserves the most careful attention of sanitary officers and the general public alike. Hitherto the general assumption prevailed that infection with scarlet fever has always had its origin from the human subject, that is to say, that scarlet fever is always transmitted to the human subject from a human being affected with the malady, either by direct contagion in its wider sense or through milk, cream, etc., previously contaminated with the contagium derived from a human source. In the present report we have an

account of an extensive outbreak of scarlet fever in the north of London at the end of last and the beginning of the present year among the consumers of milk derived from a particular farm at Hendon. The first part of the report of the Medical Officer contains an account by Mr. W. H. Power, Inspector to the Medical Department of the Local Government Board, of an investigation into this outbreak, and the evidence brought forward by Mr. Power is absolute and conclusive; it proves, by a chain of circumstantial evidence as complete as can be wished, that this particular outbreak of scarlatina was transmitted by milk which could not have been previously contaminated from a human source.

Moreover, Mr. Power proves that certain milch cows recently added to the dairy and affected with a particular malady were the source from which the contagium had been derived; further, that as this malady once introduced by a few cows into the dairy spread to other milch cows, so the amount of milk containing the contagium, and also the number of cases of scarlatina among the consumers, increased, and as the milk supply was discontinued so the spread of scarlet fever abated.

The malady with which the cows were affected consisted chiefly in a particular kind of ulceration of the teats and udder, and perhaps some slight cutaneous disorder. As regards the general health, the feeding and milking capacity, the cows seemed to present very little alteration.

The second part of the report contains an account by Dr. Klein of the minute pathology and etiology of this cow disease. In the first place, Dr. Klein ascertained that the local disease on the teats and udder is inoculable in its specific characters into healthy calves; secondly, that the cows affected with the local disease of the udder and teats were at the same time affected with a disease of the viscera, as proved by the post-mortem examination, in

many respects similar to a mild form of scarlet fever in the human subject.

From the ulcers of the cow Dr. Klein isolated by cultivation a streptococcus or chain-micrococcus, possessed of distinct and special characters, both as to morphology and mode of growth in various nutritive media, particularly in milk; in this latter it grows in a peculiar manner, and very luxuriantly. With artificial cultures of this streptococcus a disease was produced in calves by subcutaneous inoculation which bears a striking resemblance to scarlet fever in man. The conclusion is thus forced on us that this streptococcus is identical with the *materies morbi*; further, that the scarlatina produced in the human subject by the consumption of milk from the Hendon farm was an experiment, carried out on a large scale, of infection with a cultivation in milk of the above streptococcus; and lastly, that the milk of the cows affected with the specific ulcers of the teats and udders became charged with the contagium by the hands of the milkers during the act of milking. Although there are many details still wanting to complete the research, particularly those regarding the transmissibility of scarlatina from the human subject to the cow, there is sufficient evidence at hand already to warrant the hope that by a proper and effectual mode of superintending milk farms it will be possible to considerably limit this dire scourge. A suggestion that at once presents itself is this: Granted that the above-mentioned streptococcus is the real cause of the malady, there is no reason to doubt that boiling the milk would effectually destroy its life and infective power, just as the case with all micrococci. True, the danger to contract scarlatina would hereby not be altogether annihilated, since cream cannot thus be disinfected, and since scarlet fever can unquestionably be contracted from a human source, but it must be obvious from this conclusive report that milk *per se* coming

from an infected cow plays a considerable role in conveying scarlatina from the cow to the human subject.—*Nature*.

The Purification of Sewage.—Colonel Waring, in a review of the Massachusetts Drainage Commission's Report which he contributes to the *American Architect*, summarizes some important facts in regard to sewage, as follows: Sewage, as such is not taken up by the crops. Before its fertilizing parts become available for their use their combinations have been broken down and their organic character destroyed. Sewage does not contain a "virulent poison," using the words in their ordinary acceptance. Its morbid effect is due to organized and living entities. These are not immortal. They are subject to the dissolution that awaits all living things. They seem to be peculiarly subject to the action of the bacterium, which produces ordinary putrefaction. Experiments in the Surgeon-General's laboratory at Washington have shown that in the cultivation of specific germs it is as important to exclude the *bacterium termo* as it is in starting young vegetables to get rid of "pusley." If this greedy scavenger once gains a foothold he sweeps the gelatine field clean of all artificial cultures. There is not the least reason to doubt, and there is much reason to suppose, that in the soil, and in an aerated stream, it performs the same office, except, in the latter case, under very low temperatures.

In the soil the sewage supplies the requisite heat, even in winter. There is also reason to believe that the organic parts of sewage, like all other organic wastes added to the soil or to the river, or so much of them at least as is not used as food by insects, fishes, etc., is destroyed always *and only* by a process akin to putrefaction. This a process of oxidation which cannot take place without the intervention of life-processes. This being the case, what we have to provide are the conditions which

are best suited to the development of the destroying organism. This involves aeration, it results indirectly in oxidation, and it furnishes pabulum for vegetation if vegetation is there. The destruction must take place before roots can act on it. Vegetation is not necessary for purification. * * * The process of destruction, under natural conditions, takes place only in or very near the fertile soil at the surface—probably to the extent of at least nine-tenths, within the first six inches, and practically not at all below a depth of twelve inches. We have as yet no means of knowing how far below the surface the activity of the process may be carried by overdosing the surface layer and sending impurities further down. The indications are that it would never go much below twelve or fifteen inches. Therefore, while an additional four or five feet of loose gravel or sand may facilitate the escape of the purified water and hasten the admission of air, we can get on much less than this, and it would often be worth while, in the interest of economy as well as of fertility, to double the breadth rather than the depth. * * *

The destroying organisms above referred to being active only in the surface soil, there exists, so far as we yet know, no substitute for them in the subsoil, however porous. The danger to our water-courses comes chiefly from the leakage of filth at considerable depths, especially of filth which has fermented without sufficient access of air. It is here that we ought chiefly to look for our means of protection. Not only should everything be done that can be done to make local drains and sewers tight, and to abolish cess pools and privy-vaults altogether, but we should, as far as possible, avoid the risk that inevitably attends the transportation of sewage through deep conduits, as these are practically certain to be made. This may not be avoided within the towns themselves, but it seems most unwise to incur the further risk of conveyance through long collecting-sewers.—*The Sanitary Plumber*.

Contagion or Infection.—The imperfection of language is responsible for no slight amount of confusion and indefiniteness in the nomenclature of morbid processes. Perhaps the most striking instances of such difficulties is to be found in the use of the terms "infection," "infective," "contagion" and "contagious." According to the idea most prominent in the mind of a person one or the other of these phases is the significance which he attaches to it. Thus we often hear of such a malady being contagious but not infectious; of a morbid process being infective quite apart from any notion of contagiousness. Perhaps the most common kind of distinction is that which would limit the term "contagion" to such disorders as are only communicable by direct contact, and would employ "infectious" to denote those which are communicable through such media as the air, water or soil. The distinctions thus created are, however, wholly artificial; for if we separate from the true groups such affections as cholera and typhoid, by following Pettenkofer in placing them apart as miasmatic-contagious disorders, we shall practically find that the limits between mere contagion and infection are reduced to a vanishing point. For practically even the most locally contagious disorders may be communicated indirectly, but of course far less frequently or certainly than the highly infectious diseases are. The word "contagion," then, covers them all, and the question becomes one simply of degree. The term "infective" is, however, receiving a wider significance by being used in another direction—as, for instance, its application to such diseases as septicæmia and pyæmia to which the word "contagious" is inappropriate. When, however, as recently occurred—the occasion giving rise to some rather cynical remarks in a lay contemporary—the notion is expressed, or rather implied, that diphtheria is not an infectious disease, we are brought face to face with

the practical inconvenience of the term. Compared with scarlet fever, the virus of diphtheria is no doubt far less easily disseminated, and, in the majority of instances, it is communicable only by direct contact. But all authorities are forced to admit that the diphtheretic poison can be conveyed aerially or by fomites, and that therefore it is an infectious as well as a contagious disease. The College of Physicians has done much to place the nomenclature of diseases upon a scientific basis; it might go further and seek to define the proper use of terms such as those to which we have alluded.—*Lancet*.

Success in Ovariectomy.—in the course of the discussion of a paper on the "Statistics of Ovariectomy," read before the Suffolk (Boston) Medical Society, Dr. John Homans said he thought that the ratio of recoveries depended largely on the operator. For himself, he had had, out of cases entirely unselected, thirty-eight successive recoveries, and sixty-seven cases with four deaths, but this is a better average than of the whole two hundred and fifty ovariectomies that he has done, in which the recoveries are very nearly ninety per cent. Now, by selection, this percentage may be improved. If an operator has an assistant to whom he can turn over his doubtful cases, of course he will be able to make a better showing. Dr. Homans feels that in most of his fatal cases the result is to be attributed to some omission or commission on his part—some slip up; or being a little tired, or a little hurried; and he feels this not in a morbid way at all, but only as making him take more pains and precautions with every succeeding case. Some of the deaths after ovariectomy are unexplained and unexplainable. When a simple operation is followed by death, and the autopsy shows no adequate cause, we say the woman died from "septicæmia," and so she did, but all we know is that she died in consequence of ovariectomy. If a man has a hundred recoveries in succession, it would seem as if he

must have had a remarkable series of cases if they were entirely unselected. Experience and surgical resource go a great way in obtaining good results. As a general rule, the earlier the operation, the better the result, but there may be such a thing as too early an operation. It will not do in most cases of papilloma, but you cannot tell that the tumor is papillomatous until you remove it. There is no operation in surgery where experience is of more advantage than ovariectomy, and one might say the same of abdominal surgery in general.—*Boston Med. and Surg. Journal.*

Dr. J. Milner Fothergill says of sleeplessness: "One broad rule to bear in mind is this: Opium is the agent where insomnia is due to pain; chloral, where it is due to a high blood pressure in the arterial system; the bromides where there is any peripheral irritation. Opium having a pronounced effect upon the sensory portion of the brain as an anaglesic, is the drug par excellence in sleeplessness due to pain. Whenever there is a morbid condition in tense tissues, as syphilitic node, for instance, pain on going off to sleep is set up by that dilation of the blood vessels of the system generally which is essential to brain depletion. The effect of pain is to arouse the brain into wakefulness. Where such a complication exists it is well to combine the opiate with some potent depressant of the circulation, as antimony or aconite. In many cases a full dose of alcohol is sufficient for the attainment of the desired end."—*Brief.*

Dr. Charles A. Powers, surgeon to outpatients in Chambers St. Hospital, New York, describes in the *Record*, a new method of treating wounds of the hand made by toy pistols. The plan of treatment adopted in twenty-one cases successfully treated, was as follows: The parts about the wound were well cleansed with a solution of the bichloride of mercury—one part in one thousand—a free incision made at the site of the wound, as nearly to its bot-

tom as seemed practicable, foreign bodies removed if they could be found, the wound itself thoroughly washed out with the bichloride solution, and loosely packed and dressed with compresses wet with the same.

The dressings were changed daily, and at each time the wound was well syringed out with the sublimate solution, in some instances wads or pieces of cap being washed away. When the discharge assumed a healthy appearance, the wound was dressed with balsam of Peru.

A Plant to Suppress Malaria.—Dr. Brandes, a physician at Hitzackes, Hanover, has written an article in a German medical paper in which he demonstrates the valuable properties of the *Anacharis alsinastrum*, a water plant which has hitherto been considered as an unmitigated plague, choking up rivers, and altogether useless. Dr. Brandes has remarked that in the district where he lives, and where malaria and diarrhœa yearly appeared in a sporadic or epidemic form, these diseases have gradually decreased since the *Anachris alsinastrum* began to infest the neighboring rivers and marshes, and since four years have totally disappeared. The above named water plant nourishes itself on decayed vegetable matter, and grows with incredible rapidity. It thus destroys the germs which produce malaria and diarrhœa, and besides, its presence obliges the frequent cleansing of standing waters—a measure beneficial to health. Dr. Brandes therefore proposes that the experiment should be tried of planting the *Anacharis alsinastrum* in marshy districts. It is also useful in protecting the young of fish, and affords an excellent dung. The plant came originally from Canada, whence it was brought to England, and thence to Germany about 1840. In North Germany it rapidly spread far and wide, and this year appears in all parts in unusual luxuriance.—*London Daily News.*

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Concerning Microbes.

Discoveries are daily thickening, which announce that more and more diseases are caused by microbes. Even endocarditis, puerperal fever and rheumatism are now declared to be set in motion by these little engineers. Dr. Noeggerath found saprogenic microbes on the stoppers of wash-basins; the house was well plumbed, therefore Dr. N. concludes that good plumbing does not prevent the presence of microbes. In this connection we would rather suggest that the basin had been used for emptying excretions.

Opinions are as yet not by any means settled as to the specific microbe causative of rabies; different observers recording different results of investigation.

Uterine clots, and purulent urine are now seen to contain bacteria, in both cases indicative of puerperal fever.

The temptation seems great to consider all these forms of bacteria, not as the cause, but the effect of various diseases, but the stumbling block seems to have

been that cultures invariably reproduce the disease.

It has long been difficult to account for the cause and effects of rheumatism. Bacterial origin would sweep away many cobwebs of confused thought.

Cholera.

Another season has now nearly passed and yet we have not been visited by the dreaded cholera, and as the scourge has not been as prevalent in Europe this year as during the last two years, we may be led to believe that the disease may be confined to the country in which it commenced its ravages. Our country has undoubtedly been spared from the visitation of the disease by the energy displayed by our Boards of Health in keeping it from getting a foothold upon our shores. That cholera is a filth disease can not be doubted and that the zymotic poison requires certain conditions for its growth and propagation, the principle of which is, an atmosphere rendered impure by the decomposition of animal and vegetable matter, especially the former, has now been proven. The disease ceases its progress when these conditions do not exist. This is proven by the sanitary state of those sections from which it starts. The densely populated districts of Italy, among the filthy and poorly provided peasantry it finds way, from which it makes its destructive progress to other portions of Europe where like conditions are allowed to exist. The proper regard to the condition of a city or town, as regards cleanliness has proven a means in which the disease can make no progress. Cleanliness and cholera are incompatible.

Obituary.

Dr. Frank H. Hamilton.—After a long and painful illness, during which he showed a remarkable amount of fortitude, Frank Hastings Hamilton, M. D., LL. D., died August 12, after having spent almost 73 years in putting himself among the foremost American surgeons. The old surgeon was conscious to the last moment of his existence.

About two years ago Dr. Hamilton was afflicted with his almost first disease. Then pulmonary hemorrhage attacked him repeatedly, and it was only through his magnificent health and condition that he escaped death at that time. But he was an old man, and his disease finally overcame his strength. For two years his health has become gradually worse, and about two weeks ago his final decline became very rapid. He knew that he had only a short time to live—for his own diagnosis was as clear as that of his physicians—and his last days were spent in arranging his worldly affairs. His death, Dr. Damainville says, was simply from exhaustion.

Dr. Hamilton was born in the little town of Wilmington. Vt., on Sept. 10, 1813. When still a boy he entered the Medical Department of the University of Pennsylvania, from which was graduated when he was only 20 years old. After his graduation he went back to his Vermont home for a time, but his ambition sought a wider field, and he made his way to Auburn, N. Y., where he settled down to practice. In a very short time he obtained a widespread reputation as an able young surgeon, and five years after he left college he was appointed Professor of Surgery in the Fairfield (N. Y.) Medical School. This place for some reason of his own, he did not like, and, embracing an opportunity offered a year later, he accepted a similar Professorship at the Geneva (N. Y.) Medical Col-

lege. Here he remained for nearly four years, when his ambition again getting the better of him, he gave up his chair and went to Buffalo to resume his practice as a surgeon.

It was in Buffalo that Dr. Hamilton met Dr. Austin Flint, the father of the present Dr. Austin Flint, and the two became great friends. In 1846 they, associated with Dr. James Platt White, also of Buffalo, added to the University of Buffalo a medical department, which rapidly became one of the features of the institution. Dr. Hamilton became its Professor of Surgery. For 14 years, from 1846 to 1860, he retained his position in the University, and then moved to Brooklyn. Hardly had he got fairly settled in his new home and became the first Professor of Surgery that the Long Island Hospital ever had, when he entered the army as Surgeon, and early in 1861 he was attached to the Thirty-first New York Regiment. He was successively promoted to the grade of Brigade Surgeon—the latter after the battle of Bull Run—Corps Surgeon under General Keyes, and Medical Inspector of the United States Army, between the date of his entrance in the service and 1863. Dr. Hamilton was one of the founders of Bellevue Medical College, and held its chair of surgery until 1875, when he resigned. He has been living and practicing in this city since 1864.

Dr. Hamilton did not restrict himself entirely to practicing, for he found time to write very many and very able works on surgery. His "Treatise on Fractures and Dislocations," published first in 1860, is regarded as the best book on that subject in existence. It has now run through seven editions and has been translated into French and German. Among his other widely known works are "Prognosis in Fractures," "Treatise on Military Surgery," "Treatise on the Principles and Practice of Surgery," and "New Views on Provisional Callus." The book which Dr. Hamilton regarded with the greatest pride

was his "Treatise on the Principles and Practice of Surgery." This was published in 1872, (the third edition was issued a few weeks ago) and after he had finished it he remarked one day to his daughter, "Well, now my life is completed." Dr. Hamilton was also an inventor, and his work in this field has aided surgery very much. Among his inventions are a "bone drill" and an apparatus for broken jaws, and he invented or improved the apparatus for almost every fracture of long bones. One of the doctor's greatest achievements was the introducing of gutta percha as a splint where irregular joint surfaces require support. He was the first to use gutta percha as an "interdental splint," and in many practices which other physicians have since adopted, he was the first to lead. He upset many previously accepted methods in surgery, and his views have been accepted not only by famous American, but German surgeons as well.

Almost immediately after President Garfield was shot, in 1881, Mrs. Garfield insisted upon sending for Dr. Hamilton. He was telegraphed for, and a special train being provided him, he went directly to the President's bedside. Until the President died Dr. Hamilton, in connection with Drs. Bliss and Agnew, was almost constantly in attendance.

Dr. Hamilton at the time of his death held many positions. He was visiting surgeon to Bellevue Hospital, consulting surgeon to St. Elizabeth's Hospital, to the Hospital for the ruptured and crippled, and to various city dispensaries. He was President of the Medical Society of the State of New York, President of the Medico-Legal Society, President of the Pathological Society, and member of many medical societies in the city.

Dr. Alfred S. Purdy, a well known physician of New York, died recently after a short illness, at his home, No. 308 Madison avenue. Pneumonia was the direct

cause of his death. Dr. Purdy was born in 1808 in New York, where he has been a constant resident, and where he practiced his profession for 55 years. He fitted for Columbia College, but did not enter upon a collegiate course, determining to study surgery. He entered the office of Dr. Alexander H. Stevens, a noted surgeon of the day, and afterwards studied at the College of Physicians and Surgeons, from which he graduated in 1834. He then opened an office in Division street, and moved up town as the city spread its limits, to his home on Madison avenue.

In the early days of his professional life Dr. Purdy was assistant surgeon at Bellevue Hospital and was also connected with the New York Dispensary. Dr. Purdy's life has been one of steady attention to his profession. He was a general practitioner, though in the past few years he has paid special attention to the study of puerperal insanity. He received the degree of A. M. from Wesleyan University.

Dr. Purdy was one of the founders of St. Paul's Methodist Episcopal Church, of New York, of which he was a Trustee at the time of his death. He was also a member of the Medical Society of the County of New York, of the Academy of Medicine, and of the Pathological Society.

Notices, Reviews.

LECTURES ON SYPHILIS. BY G. F. LYDSTON, M. D. CHICAGO; N. T. KEENER.

Contrary to the generality of medical books, which are very heavy, this work of Dr. Lydston's reads as easily as a novel, without in any way detracting from the scientific value of the subject. The book is brought down to date—a very important point. Dr. L. thinks the existence of the syphilis bacillus has yet to be proven. As a temporary theory, he terms the primordial manifestation of syphilitic poison—the s. "germinal cell." While this nomen-

clature does not add anything to our knowledge, still the descriptive details of syphilitic microscopy are well marked out. For instance, "there is production of a gradually increasing accumulation of lymph, or white blood cells at the site of inoculation, which is brought about by a modification of the leucocytes and connective tissue elements, by what we term the *syphilitic germinal cell*. . . These accumulated cells, previously normal, contain the *germs* of the s. poison and their constitution is greatly modified. They have become larger, more granular, and contain numerous nuclei; are infectious, and have their powers of proliferation and amœboid movement exaggerated. In addition, they present a marked tendency to retrograde metamorphosis." To harmonize the possibly different views, Dr. L. says (in a foot note), "By supposing an incorruption of the bacillus of Lustgarten, with the leucocyte, instead of the hypothetical cell described, we can at once harmonize the bacillar theory of the origin of syphilis, with its physiological pathology." Dr. L. describes very beautifully (p. 26) how the vice travels along the lymphatic vessels and glands, and is then poured into the blood by the thoracic duct. "Engorgement of the fauces and pharynx is due to a *localized cell accumulation* in the rich network of lymphatics which is a marked feature of the anatomy of the fauces, etc." "Mucous patches are simply due to a circumscribed collection of the characteristic cells; as are skin papules. This later papule may become a tubercle, from excessive accumulation of cells; or, from pressure, a pustule may be formed, resulting in ulceration. Nodes are simply collections of proliferating s. cells. Roseola is not a localized accumulation, but produced by the action of s. cells upon the sympathetic system, which becomes manifest in capillary dilation and stasis." (p. 27.) These quotations are necessarily abbreviated.

Dr. L. does not take much stock in the

story that sailors of Columbus brought syphilis to Europe from America. He thinks it is an ancient Asiatic disease.

We often hear that in recent years, many diseases have had their type modified. This bare statement does not carry with it any explanation. Dr. L. seems to have hit upon a common sense and plausible explanation:— (p. 12.) "Improved sanitation, a steadily increasing knowledge of the pathology, and consequently more rational measures of treatment of any particular disease, must eventually result in modifying its severity. There is another more powerful influence, in contagious diseases in general—the fact that disease occurring in individuals of one generation imparts a certain degree of immunity to their descendants. Contagious diseases are modified by the influence of hereditary and natural selection. When an epidemic attacks a community, attacking the susceptible, it modifies their organisms so that they become tolerant of future attacks; and this tolerance they transmit in a measure to their descendants. Those insusceptible (p. 14.), transmit also this insusceptibility to the next generation." Dr. L. is a dualist, believing in two different affections—indurated chancre, and chancreoid.

It is stated (p. 21.), that although animals are not inoculable with s. poison, "there is an affection somewhat analogous to s., which affects horses and asses. This disease, termed doury, is only transmitted during sexual intercourse. There are fever, cutaneous tumors; sometimes the mucous membranes, eyes and bones may undergo pathological changes; atrophy and paralysis sometimes following extreme cases."

Practically speaking, we do not hear of syphilis transmitted from man to animals, as men do consort with horses and asses; and in the case of the Chinese, with hens.

We need not follow the author in detail through the symptomatology, etc., enough has been quoted to give a idea of the work.

Dr. L. has had abundant opportunities of observation, as resident surgeon in large hospitals; and subsequently, professor in a very important medical center. We do not know the price of the book; but for the general practitioner, at least, we should consider it cheap at fifty dollars.

We had no idea that syphilis was such an interesting subject—*on paper*.

MEDICAL AND SURGICAL REPORTER OF THE UNITED STATES.—Published by R. L. Polk & Co., of Detroit, Mich.

After a careful examination of this valuable book we can find no better words to express our opinion of its merits, than those used by the worthy editor of *Daniel's Texas Medical Journal*:

"The indefatigable publishing house of R. Polk & Co., of Detroit, have at last finished the gigantic task of enrolling the physicians and surgeons of America, and have given to the profession and public one of the most valuable aids to business of every kind, that can be imagined. It is very complete, and contains a world of information, useful not alone to doctors, but to all business men. It is a catalogue of nearly 80,000 practitioners of medicine, arranged by states, and alphabetically; giving the date and place of graduation of all those whose data could be obtained, (and here we will say—the means employed were thorough and reliable; experienced, intelligent canvassers were sent into every nook and corner—for doctors are found everywhere—and they left nothing undone, to make the Directory complete.) The "kind of doctor" is indicated by the letter R—for regular, and H. for homœopathic (or irregular—same thing.) The post office address of each is given, the population of the town or city; together with its location, geographically; and all the existing and extinct medical colleges in the United States and Canada are put down, with their officers, number of professors, lecturers, demonstrators, etc., together with all the vari-

ous medical organizations, from the International Medical Congress, down to the smallest cross-road medical society, and even, we believe, "the" Association of so-called American Physicians—limited. All the hospitals, sanitariums, asylums, and other medical institutions are also put down, with their respective governments. The boards of health, town, county and state, and even the national; a synopsis of the laws of registration and other laws relating to the profession in each State, with the names of the proper persons to write to if you happen to have any business in that line; or want to know what little Messrs. Polk & Co. have not told you about anything and everything that concerns a doctor, in any State, or anywhere; and lastly, the names of all the medical journals and other medical publications, are given, together with the names of the editors and publishers, date of publication, subscription price, etc. No, not last, for we see here they go on to tell us all about the official lists of officers of the medical departments of the United States Army, Navy and Marine Hospital Service and Roster of examining surgeons of the U. S. Pension Department.

"We thought we were surely done, after enumerating all the above; but we find the half has not been told of this wonder of painstaking compilation; for—in one volume, after one gets tired of lists of names, etc., he can rest his eyes by reading sketches of each State and Territory, giving location, boundary, extent of area (miles and acres), latitude and longitude, statistics relating to climate, temperature, rate of mortality, number of deaths from consumption, etc., and even the names and location of the all best known mineral springs and wells.

"If this is not an encyclopædia of useful knowledge, it would be hard to get one up. The work is turned out in a substantial cloth binding and red edges; is gotten up in good style, and is sold at the very mod-

erate price of seven dollars per volume. We would not part with our copy for seven times seven dollars, unless we were sure of being able to replace it."

Medical Items.

An Amicable Discussion of Homœopathy.—We have already alluded to the polite controversy which has been taking place in Boston between regular physicians and the homœopaths of the University School of Medicine. Dr. Conrad Wesselhoeft having last year delivered a lecture on homœopathy before the Boylston Medical Society, Dr. V. Y. Bowditch this year delivered an address on homœopathy before the Hahnemann Society. Dr. Bowditch's address was directed to the answering of a number of set questions propounded by the homœopaths. In answering these questions the lecturer presents the position of rational medicine toward dogmatic medicine in a courteous, yet logical and forcible manner. We cannot but believe that such efforts as those of Dr. Bowditch will help to infuse into the profession a more fraternal feeling. The splitting of the profession into "schools" lowers us continually in the eyes of the public. Dr. Bowditch reminds us that while individuals disagree, there is a common bond of unity which cannot be ignored by honest men. "We are *all*," he says, "members of a profession which, when regarded in its true light, above the plane of party strife and mere selfish gain, I regard as the finest and noblest of all, and the feeling grows stronger within me with each year of practice. There is that in it far above the mere desire and ability to cure disease—that which can soothe all regrets for possible failure and disappointment in our daily work—I mean the power of human sympathy; the power which bids the young mother silently and gratefully press the hand that helped her in her hours of trial; the power that impels the dying man, at the very last, to turn to him who,

though powerless to save, yet, by a word, a look, a touch of the hand, gives strength and courage to one just passing to that 'undiscovered country from whose bourne no traveller returns.' In the midst of discord and disappointment let us keep this thought before us, gentlemen, and at the end perhaps we may be permitted to see our past life, as it were, stretched before us, and feel that we have done our small share toward making our chosen profession what it should be—a blessing to all mankind."

Such sentiments as these should ever be borne in mind by the physician. They will be a better help to a successful life than a whole bookful of worldly wise instructions as to how to dress up "the physician himself."—*N. Y. Record*.

Poor Baby.—A writer in an exchange says: "If the baby does not thrive on fresh milk it should be boiled."

Another one speaking of a new nursing-bottle, says: "When the baby has done sucking it should be unscrewed and hung up."

In the forthcoming Transactions of the Texas State Medical Association there will be an article in which the author, speaking of a sick child, says: "The stomach was very irritable and it kept twitching its mouth."—*Daniels' Journal*.

Homo Caudatus.—Dr. Elisseyeff reported the following case at the meeting of Russian physicians held in St. Petersburg in April (*Vratch*, No. 16, 1886). A woman, twenty-three years of age, consulted him on account of a projection in the coccygeal region, which had become very painful from the irritation of a bandage which she had worn to prevent its growth. The tail was nearly two inches long and over half an inch broad, and was composed of two vertebral segments covered by fat and hairy integument.

Chronic Diarrhœa is said to be speedily controlled in many cases by a saturated

solution of common salt in cider vinegar, the dose being a teaspoonful three or four times a day.

A Remarkable Surgical Operation.—

On August 5th a remarkable and successful surgical operation was performed at the Massachusetts General Hospital by Dr. Maurice H. Richardson of Boston. About a year ago John McCarthy, operated upon, swallowed a partial set of artificial teeth, which passed the œsophagus and lodged in the cardiac orifice of the stomach. Some months since an attempt was made by a surgeon to remove the obstruction by the introduction of instruments into the œsophagus through the mouth, but to no purpose. The passage of food to the stomach being almost wholly prevented, the patient had become much emaciated and very weak, and it became evident that unless relief was had he must die.

After having had the case under observation at the hospital for a short time, Dr. Richardson determined upon opening the stomach. To that end he made a transverse cut in the left side of the abdomen, through which the stomach was drawn out and then cut open, when by the insertion of his arm to the elbow Dr. Richardson was able to reach and remove the teeth. The internal opening was then closed with fine silk and the stomach replaced, the external cut being also closed with stitches. The whole operation was completed in forty-five minutes, and, strange as it may appear, the patient is doing well, and his complete recovery is now considered little less than certain.—*Exchange*.

Among the hard-worked pupils of the Paris public schools the teeth become deteriorated in a few weeks after entry. The second dentition is often premature. These observations confirm the statements of Dr. J. L. Williams, who has given great attention to this subject. He has shown that any mental strain shows itself upon the teeth in a short time, both in increased

decay as well as in increased sensibility of the dentine. Dr. D. M. Parker has reported that these changes are always apparent in men who are training for athletic trials.—*Boston Medical and Surgical Journal*.

Mr. Lawson Tait says that it is unfortunate that the idea prevails that his work is easy, simple, easily acquired and free from risk. He says it is not true. Such success as his can only be obtained by those who follow him in the rigid precautions and immense care which he gives, not only to the mere performance of the operation, but to the surroundings of his patients, and to every detail in connection with them.

Much has been said concerning the power of the law to compel a physician to notify the board of health of the existence of cases of infectious diseases occurring in his practice. A daily paper states that a Grand Rapids physician was lately arrested for refusing to comply with the state law. The court acquitted him.

The Pensioners.—A statement prepared at the Pension Office, under the direction of the Chief of the Certificate Division, Mr. J. E. Smith, shows that there are only 453 pensioners of this class on the roll who have lost an arm at the shoulder joint or a leg at the hip joint. The small number as compared with the number of pensioners in the other classes indicate how few survive the amputation of an entire limb. There is a greater danger attendant upon the entire amputation of a leg than of an arm, for there are on the rolls only ten pensioners who have lost a leg at the hip joint, while those who have lost an arm at the shoulder joint number 443. They receive \$45 per month. There are 3,105 pensioners who have lost an arm above the elbow, and 2,641 who have lost a leg above the knee. Such pensioners are to receive a pension of \$36 per month, an increase of \$6. There are also 839 pensioners who

have lost an arm below the elbow, and 1,185 pensioners who have lost a leg below the knee. These pensioners are to receive \$30 per month, an increase of \$6. The bill further provides, "that nothing contained in this act shall be construed to repeal section 4699 of the Revised Statutes of the United States, or to change the rate of \$18 per month therein mentioned to be proportionally divided for any degree of disability established, for which section 4695 makes no provision." The list of pensions now paid shows that in the higher grades the number of pensioners is comparatively small. For instance, what is termed total disability, such as the loss of both arms, both legs, both hands, both feet, the sight of both eyes, and insanity, the highest pension is paid, namely, \$72 per month. The number of pensioners in these classes is as follows: Lost both arms, 21; both legs, 22; both hands, 7; both feet, 32; both eyes, 551; insanity, 190.—*Washington Star*.

The Smallpox in Chili.—The smallpox is spreading very extensively throughout the Republic of Chili. It was hoped that as soon as the rains set in the disease would decrease, but notwithstanding plenty of rain it appears to be on the increase. The whole of the army and the police force of the republic are to be vaccinated immediately.

The American Society of Microscopists held its annual session August 13. The following officers were elected for the ensuing year: President, Prof. William A. Rogers, of Harvard University; Vice-President, C. M. Vorce, of Cleveland; Second Vice-President, Dr. James E. Reeves, of Wheeling, West Va.; Assistant Secretary, Dr. S. M. Mosgrove, of Urbana, Ohio. Treasurer Fell and Secretary Kellcott held over until 1887.

The Cholera in Japan.—Since the first appearance of cholera in Japan this year, and up to June 20, there have been 10,276

cases of this disease, 7803 of which have been fatal. The average death rate per 100 has been 75.93. The total number of cholera cases which occurred throughout the country from August 23, to November 30, last year, was 11,027, of which 7152 proved fatal, the death rate being 59.96.

Curious Freak of Nature.—Mrs. William Masser, the wife of a well known citizen of Somerset, Ky., gave birth to three children. Two of the babies were connected by a strong ligament exactly like the bond uniting the Siamese twins. The ligament was 2 1-2 inches long. All three children were dead when born.

American Dentists.—At the meeting of the American Dental Association at Niagara Falls, Aug. 4, Prof. Wilhelm Herbst, a distinguished German dentist, exhibited a new method of filling teeth by rotary pressure. He was elected an honorary member. Several well known members of the profession from Europe were present.

The Lancet, which is a publication admirably calculated to send nervous persons into lunatic asylums, declares that people who drink large quantities of tea, first become "wildly excitable," and then "the sense of hearing goes." This is bad news for the Bishop of London, who is the greatest drinker of tea who has been known in England since the death of Dr. Johnson.

"Our Lady of Pain."—The advance of the ladies is as marvelous as it is irresistible. Here is Miss Dolores Leonart-y-Casanovas, M. D., who has just taken her doctor's degree at Barcelona. She began her university studies at the age of 8, when 13 she became a B. A., and now at the ripe age of 19, after coming out first in all her examinations, and taking numerous prizes, she is a fully qualified physician and surgeon. Fancy a female B. A. of 13 discursing the hideous diseases with six-syllabled names, and correctly diagnosing and prescribing for her brothers and sis-

ters. But it is what we have got to expect, and the fair Spaniard is to be congratulated on being the first of her sex to show what can be done in the way of rapid development. Miss Dolores, &c, may be fairly addressed, like her name-sake sung of by Mr. Swinburne, as "wise among women and wisest, our Lady of Pain."—*Pall Mall Gazette*.

Joy to the Aged.—A lady at San Diego, aged 70 years, gave birth to a daughter yesterday. The husband's age is 75 years.—*San Francisco Bulletin*.

Dr. Horace B. Pike, of Yonkers, died from apoplexy in a room over his office in the Oetty House, in that city, recently. He was 59 years of age and was born in Boston. He was a Surgeon in the United States Navy during his early professional life. Afterward he married in Chicago. His wife died 30 years ago. Dr. Pike came to Yonkers 23 years ago. He was made Health Officer of the town and was continued in office when Yonkers became a city.

A physician of large experience remarked the other day that when he began the practice of medicine he was worried because people put so little confidence in him, and now he was troubled because they trusted his confidence so implicitly. He seemed to think that to be thought infallible was far more burdensome than to have one's fallibility emphasized as in his younger days. He now recognizes the limitation of medical science.

Cholera is now raging in the cities of Yokohama and Tokio. In the former the disease is worse than ever before known. Between July 15 and 20 the cases averaged over 100 daily and the deaths 50. There is every reason to fear that the disease will spread further, as the atmospheric conditions are at the present time favorable to the propagation of epidemics. The weather is the hottest experienced since 1871. Up to date only two foreigners have been

attacked by the disease, and both of these, whose names are unknown, died. The better classes of foreigners and natives are comparatively exempt from the disease.

Hydrophobia in Camels.—Several cases of hydrophobia occurred some time ago among a herd of camels in Algeria. The animals exhibited unmistakable signs of the disease, but there was no evidence of their having been bitten. A mad horse had gained admittance to where the camels were pastured, and it is supposed that the disease was transmitted through saliva which had fallen from the horse's mouth upon the grass, and the camels had received the poison through abrasions in the mouth from which these animals frequently suffer.

Merritt H. Cash Prize Essay.—The Medical Society of the State of New York offers to physicians of New York, a prize of one hundred dollars, from the proceeds of the Merritt H. Cash Prize Fund, for the best essay on any medical subject that shall be approved by its Committee on Prize Essays. Essays for this prize must be printed by type-writer or otherwise, and sent to the Committee without any indication of authorship. The names of authors should be endorsed in sealed envelopes accompanying the essays, and bearing upon the outside, mottoes or other devices which are duplicated on the essays. Essays for competition must be sent to the Chairman of the Committee, Dr. George F. Shrady, 247 Lexington Avenue, New York City, on or before December 20, 1886, in order that the Committee may have time to examine them and report at the next annual meeting of the Society, February 1, 1887.

Inebriety cannot be prevented by throwing the responsibility on the inebriate, and punishing him for this, as if for crime. He is a sick man and must be taken out of his surroundings and fully quarantined until he can recover.

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[FOR EASTERN MEDICAL JOURNAL.]

Acute and Chronic Salpingitis in Reference to Extirpation.

By C. E. NELSON, M. D., New York.

As I have one or two individual thoughts concerning this question, it is proper to put them over my signature, and not to impose them on the readers in editorial form.

As a general thing, there are two parties now; one, in favor of extirpating uterine appendages, even perhaps with uterus, in all cases of difficulty; the other, conservative, reserving exsection for unpromising cases only; and endeavoring to alleviate symptoms, and improve the general condition together with reflex nervous symptoms, by the usual means—such as internal and external medication, aspiration and incision with drainage.

Since general surgery has invaded the abdominal cavity, thereby encroaching on the domain of the gynæcologists, such operations are now being rapidly gauged with the same rule and compass. In other words, gynæcologists are widening their lines.

Those in favor of extirpation, say how the ovaries are so completely changed in structure, as to no longer be in a condition to perform ovulation, except in a very perfunctory manner.

In answer to this telling statement, how is it that in that celebrated case in Germany, where one ovary was removed, and almost all the other, the patient afterwards had a child? Again—many organs are extensively undermined, and consequently altered in structure, with cyst formation,

and even secretion of pus; still the individual lives for years. Examples are the kidneys, bladder, prostate, liver, heart, brain, lungs. This bad condition of things is frequently seen in the dead-house; the lesions were unsuspected, the patient having died of some other disease.

A great point is made of intramural and subperitoneal tumors of the uterus, as being important factors in the question of laparotomy or enucleation; in autopsies, how often do we see such, which had never been suspected?

Lacerations of the cervix are thought to be a prolific cause of trouble and future danger. Whether so or not, is still rather undecided.

Uterine and ovarian displacements, with or without adhesive bands, are considered to make a serious complication. They likely may aggravate symptoms, but we must remember that in neglected cases, where inflammation is allowed to run riot, this is nature's way of settling the matter.

Gonorrhœa is now credited with most of the mischief in salpingitis and ovaritis with their contingent *localized* peritonitis; so perhaps ladies will not talk so glibly about their "ovaries."

Regarding tubal thickening, and purulent retention, we must not give way before such ordinary matters. There is pus formation and thickening all over the body; indeed, these conditions are concomitant—being one of nature's safeguards. We have thickening (chordee,) and pus formation (gonorrhœa,) in the penis; but amputation of the penis is not resorted to, as amputation of the tube.

Conservative surgery at present incises and aspirates (with or without drainage

tubes,) abscesses in the kidney, brain, liver, etc.

It seems to be a quarrel between the pro-Taits and the anti-Taits, rather than a calm inquiry instituted, assisted by general surgical and medical rules. Internal medication is *too late* resorted to; calomel with opium should be given in the beginning.

Progress of Medical Science.

Removal of Steel from Crystalline Lens.—After incising cornea, a magnet failed to extract the steel, which was covered with lymph; it was then extracted with forceps. (Case reported by Dr. Webster, in *American Journal of Ophthalmology*.)

Acute Glaucoma after Cocaine.—In a patient who had previously suffered from chronic glaucoma, this contretemps happened; the induced defective vision was corrected by the application of esterine. (Ib.)

Retinal Detachment treated by Diaphoresis.—Sodium salicylate was successfully given instead of pilocarpine—this latter producing unpleasant symptoms. Puncture was not resorted to. (Ibid.)

Double Cataract Extractions.—Dr. Webster favors this plan, in a paper read before the Ophthalmological Society.

Suppurative Knee Joint Disease.—Two cases, showing favorable progress are reported by Dr. Josiah Roberts. The treatment was wearing elastic tension splints, permitting articular motion. These cases were reported in March, before the Orthopaedic Society. The report is printed in the August No. of *N. Y. Medical Monthly*.

Cure of Beasdown's Disease by Operation.—The case is a strange one. A girl of 17 was suffering from Beasdown's disease, with well-marked symptoms. The mucous membrane of the nose happening to be so much swollen that she had to keep her mouth almost constantly open, she came to Prof. Hack for relief. He cauterised the smaller mucous membrane on the right in-

ferior turbinated bone, and found next day, to his astonishment, that the exophthalmos on the side operated on had almost disappeared. He operated on the other side, and anxiously waited the result, which was also favorable, but not such a brilliant success as the first attempt. Strangely enough, the other symptoms likewise improved, and the operation on the nose seems to have cured Beasdown's disease itself. Prof. Hack's explanation of the result is that the disease, in this case at least, was purely reflex, and that as soon as the irritation in the nose ceased the disease vanished. The increased action, and even the increased size of the heart, he attributes to this same reflex action: the coronary arteries might be dilated, and thus give the organ an over-plentiful supply of blood. He further upholds his reflex-theory by giving parallel cases.—HACK (Prof.)—*Deutsche medizinische Wochenschrift*.—*Medical Chronical*.

Hydrochlorate of Cocaine in the Vomiting of Pregnancy.—Weiss, of Prague, has used this remedy successfully in cases of vomiting in pregnancy which had resisted all previous attempts at relief. The patient was weak and anemic, of a certain disposition, and had suffered in three previous pregnancies from persistent vomiting. In the present pregnancy her condition was serious. Weiss described:

R Hydrochlorate of Cocaine, gr. ij
Alcohol, enough to dissolve.
Water, - - - 3 v
S: One teaspoonful every half hour.

Atropine in Ptyalism.—Dr. Hebold recommends the hypodermic use of atropine in nervous ptyalism. He has used it in two cases with the very best results. In one of the cases the patient was discharging a litre of saliva in twenty-four hours. After the first hypodermic the quantity of the secretion markedly diminished, and in a short time became normal. The second patient was equally benefitted by atropine. The

quantity employed ranged from $\frac{1}{8}$ to $\frac{1}{6}$ of a grain daily in the morning.

Urethane as a Hypnotic.—Dr. Sticker ("Ctrlbl. f. d. ges. Ther.," 1886, 3,) sums up his results with urethane as a hypnotic as follows: 1. Urethane is an excellent hypnotic, bringing about its effect through its influence on the brain. It has the advantage over other hypnotics in that it is not followed by unpleasant symptoms, and that the sleep it induces has a close resemblance to physiological sleep. It can be administered in cases where other hypnotics, either because of idiosyncrasy or an injurious effect upon the heart and respiration, are contraindicated. 2. The minimum dose is one gramme (gr. 15), and in patients above fifteen years of age it can be increased to four grammes (3 j.) without danger. The drug may be given in capsules or in solution in water, to which syrup may be added.

Mr. Lawson Tait pointed out that cases of extra-uterine pregnancy always arise owing to the absence of the epithelium and cilia of the Fallopian tubes; if the latter are present impregnation never occurs in the tube, and ectopic gestation is impossible. Rupture always occurs at the site of the placenta; when the latter was placed at the upper part of the tube, a fatal result was the rule; when at the lower hemorrhage occurred between the layers of the broad ligament, and a favorable issue was often obtained. He protested against children in favorable cases being killed by galvanism or in any such nonsense. In his opinion cases were never diagnosed until rupture had taken place.—*N. Y. Medical Record*.

Gaseous Medication per Rectum.—The *Lancet* of August 7, 1886, states that M. Bergeon has recently communicated to the Paris Academy of Sciences a new method of treating disease by gaseous rectal medication. His experiments have been mostly confined to the treatment of pulmonary diseases, for which he prefers sulphurous

mineral waters. He passes from four to five litres of carbolic-acid gas through half a litre of sulphur water, and then introduces the gas into the rectum, the operation being performed twice in the course of twenty-four hours. It is stated that after a few days there is a marked diminution of the cough and expectoration, while the sweating ceases and the general condition of the patients is much improved; meantime, careful physical examinations show a notable improvement in the local condition. The treatment is equally successful in the early and in the advanced stages of the disease.

Intubation of the Larynx.—Dr. E. E. Montgomery showed a set of Dr. O'Dwyer's tubes, together with the gag and the instruments for inserting and removing the tubes, and related the history of a case of laryngeal diphtheria in which they used successfully to avert asphyxia. In consequence of an overdose of stimulant, the tube had been coughed out and had to be replaced, as she could not breathe without it. The speaker contrasted the difficulties of tracheotomy with the comparative ease of intubation, and called attention to the lack of success attending the former operation, due to parents not giving their consent to it early. He had done eleven tracheotomies before having a single successful one, whereas his first case of intubation had been successful; so that he felt decidedly in favor of the new operation.—*N. Y. Medical Journal*.

Salpingitis.—Dr. Polk says of the treatment: "I have nothing new to offer you upon this subject. I only wish to reconcile differences. He who believes in the cellular origin and location of these evidences of inflammation inveighs against him that believes in their tubal origin, while he of tubal proclivities makes answer by showing the dilated infiltrated and pus or muco-pus-containing tube. This may be a sufficient answer so far as settling the ques-

tion of location of the inflammatory mass goes. But do all the advocates of tubal expiration answer so well to the next criticism of the opponent, namely, 'If the cases which you show me in your wards and on the operating-table are fit for tubal amputation, how is it that so many identical cases get well in my hands?' Here the issue is now joined, and it is in the interest of progress that I have tried to show that there was a mutual misunderstanding.

The celular advocates are wrong in their pathology and half right in their treatment. The tubal advocates are right in their pathology, but are half wrong in their treatment. The first is too little of a surgeon, the second is too much. I cannot answer for other countries, but in our own I am sure one permits many a woman to suffer, and perhaps die, who can only be relieved by the knife, while the other cuts too freely. A dilated tube with a cavity filled with fluid is his sufficient answer; but he fails to note the distinction between acute salpingitis and chronic salpingitis, and loses sight of the fact that the first and even the second may often be cured by simple methods — sacrificing, therefore, many tubes and ovaries which might better be left in place.

These two conditions are distinguishable, not only after opening the abdominal cavity, but before. *After*, by looking for evidences of recent inflammation just described in the section on pathology. Before opening the abdomen, by a study of the patient's antecedents; for instance, the history of recurrent pelvic inflammation, of constant pelvic pain, extending over a period of months or years, and associated with sensitive, indurated masses about the uterus, the mobility of the organ being lessened, are conclusions of chronic salpingitis. Rectal and vesical disorders being excluded, even less distinct evidences, provided they are associated with such history, would be conclusive. But the *recent* development of a mass about the uterus in connection with

any of the cases known to produce salpingitis, and associated with pelvic tenderness and lessening of the uterine mobility, is to be regarded as the indication of acute salpingitis. The records of the dead-house and the bedside show conclusively how largely in the majority the cases of recovery in salpingitis are. It behooves us, then, to be slow in laying hands upon these tubes. In acute cases never, unless to cut short a peritonitis that threatens to become general; but in chronic cases, whenever other measures have been *faithfully* tried and found wanting, every patient should be offered that measure of relief that surely can be gotten from abdominal section.

In the interest of conservatism, let us hope that this will not always mean extirpation of the tubes and ovaries, for who can say that the abdominal surgeon may not devise means by which those organs may be so treated as to secure health without always robbing of the possibilities of maternity. Some recent work of my own in that direction encourages me to think that this may yet be an accomplished fact.

Conclusions: Salpingitis is not a new disease, nor a rare disease. It is, with peritonitis, the most common form of inflammation about the uterus, holding in point of frequency about the same relation to the extra-uterine surface that endometritis does to the intra-uterine. The majority of cases get well. A minority do not, and these are capable of causing such danger and distress that abdominal section, with removal of the tubes and ovaries becomes a necessity.—*N. Y. Medical Record*.

The Treatment of Chronic Abscesses by Injections of an Ethereal Solution of Iodoform.—Verchere ("Rev. de chir.," June, 1886) reports twenty-three cases which were treated in this manner, and gives the following directions in regard to the operation: The solutions of iodoform should be of varying strength, one of five per cent. being used for large abscesses, and one of

ten per cent. for small ones, while small, superficial abscesses may be filled with a saturated solution. If the skin over the abscess is not affected, the needle of a hypodermic syringe is introduced in an oblique direction, so as to form a valvular fold; the pus is then drawn off and the iodoform solution is injected. If, however, the skin over the abscess is quite thin, the pus is removed with an aspirator, and the opening made by the needle is sealed with collodion, after which a hypodermic syringe needle is inserted into the abscess cavity, and the injection is made as before. The object of these manœuvres is to prevent the ether from escaping through the puncture, as it at once tends to do on becoming volatilized. As the solution volatilizes, the iodoform is deposited over the entire inner surface of the abscess, and is slowly absorbed—so slowly, in fact, that the danger of poisoning by the drug is said to be very slight. The phenomena observed after an injection are, briefly, as follows: Rapid and sometimes excessive swelling results from the volatilization of the ether, but this soon subsides. If the skin over the abscess is healthy, the abscess cavity will speedily be replaced by indurated tissue, without the occurrence of any external change. If the skin is already inflamed, it will separate in a few days in the form of a yellowish slough, after which healing will occur by granulation, the resulting cicatrix being slight. The advantages alleged for this method of treatment are the perfect safety of the operation, the rapidity of the cure, the fact that the patient is not confined to his bed during the treatment, and the non-recurrence of the abscess.

Hyperæmia and Phlegmons of the Vagina.

—Dr. Antonio Stravino reports several cases of this condition, occurring in consequence of sexual abuses (*Giornale Italiano delle Malattie Veneree e della Pelle*, May and June, 1886). Among the causes he

distinguishes the exciting and predisposing. Of the former he mentions frequent repetition of the sexual act, its performance during menstruation, or too soon after child-birth, masturbation, gonorrhœa, and the use of cold to suppress the menstrual flow, or leucorrhœa. Of the predisposing causes the most potent are the great vascularity of the uterus and its adnexa, the numerous anastomoses, and the serpiginous course of the vessels tending to retard the circulation, the complicated venous circulation, the abundance of lymphatics, and the free communication existing between the subperitoneal and uterine lymphatic ducts. Besides the usual symptoms of vaginal phlegmons, there are acute pains during coitus, a tendency to menorrhagia and metrorrhagia, and to leucorrhœa, sterility from the acidity of the uterine mucus, gastric disturbance, and nervous irritability. In the treatment, Dr. Stravino recommends absolute rest in the supine position with the legs elevated, abstention from the sexual act, the application of cold, local abstraction of blood, and a general tonic regimen.—*N. Y. Medical Record*.

Bacteriotherapy—Drs. Testi and Marzi report in the *Gazzetta degli Ospitali*, three cases of tuberculosis treated by inhalations of bacterium termo. In each case there was a marked diminution in the number of tubercle bacilli found in the sputa, but in other respects there was no improvement, and the disease progressed steadily just as if untreated. The results of the experiments thus far made in this direction are not encouraging. They appear to show that there is antagonism between bacterium termo and the bacillus tuberculosis, but they also show that the disappearance of Koch's bacilli from the sputa is of no special moment. They merely furnish an argument for those who deny that any causal relationship exists between the bacilli and the tubercular process.—*N. Y. Medical Record*.

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Germicides.

In the September number of the *Pacific Medical and Surgical Journal*, is a practical report on useful germicides. This report is based on the germ theory. The tests were made on vaccine virus, septicæmic blood, etc., by a committee appointed by the American Public Health Convention, Dr. Sternberg being chairman. The cheapest and most available germicides were used and recommended.

The testing material was culture fluids of the *bacillus subtilis* and *bacillus anthracis*, "as the spores of these bacilli constitute one of the most difficult tests of germicidal power." "Most of the active germicides contain *mercuric chloride*, which is decomposed by the contact with copper, lead or tin, and is also destructive to lead pipes. The presence of this metal may be detected by adding a small piece of copper to the solution, when metallic mercury will be deposited upon it. Many germicides which are fatal to micro-organisms, are inert as regards spores; carbolic acid and sulphur dioxide belong to this class. The committee found that heat, chloride of lime, and mer-

curic chloride were the best and most practical disinfectants. Moist heat is more penetrating than dry heat. It is supposed that disease germs of small-pox, cholera, yellow fever, diphtheria, erysipelas, puerperal and possibly scarlet fever *do not form spores*. *Steam*, at 230° will destroy the most refractory spores.

An aqueous solution of mercuric chloride, 1:1000 kills micrococci and bacilli; 1:100 destroys the spores; 1:50 disinfects fresh excreta, privies and dead bodies 1:100 cleanses furniture, walls or floors, and is used for surgical purposes; 1:1000 is for washing clothes."

New Methods in Lung Diseases.

New methods are being recorded in profusion and with great rapidity. Matters are progressing so fast in this way that former modes now seem obsolete.

In the *N. Y. Medical Journal*, Dr. Westbrook is discussing the subject of drainage; when to drain, and how much. Dr. Shurly, of Detroit, records observations of spray applications of aconitine, agaricin, arbor vitæ, ammonium glycyrrhizate, cannabinine tannate, cadmium sulphate, cotoin, coniine hydrochlorate, cocaine, daturine, ethyl bromide, hyoscyine, hydrastine, iodol (applied by insufflation), papain (papsaw juice), muscarine sulfate, physostigmine salicylate, pilocarpine hydrochloride, piscidine (a glucoside), resorcin, and sanguinarine nitrate.

We have the treatment of placing the the patient in receivers, where they can breathe naturally any medicated airs.

Also in chambers, where medicated gases can be forced into the air-passages.

Resinous substances can be volatilized by

means of vaporizers, and the charged air of the apartment inhaled. This is a delicate and elegant method of administering drugs.

Lastly, (*N. Y. Medical Journal*), M. Bergeon, of Paris, treats pulmonary diseases by gaseous rectal medication, using carbonic gas pressed through sulphurous mineral waters. Two injections per day administered. (See another page of this number.)

Pneumonia, Infectious and Non-Infectious.

In the *N. Y. Medical Journal*, of Sept. 11, in a book review of a work by Dr. G. Sée, the prevailing train of thought is reflected in a quotation:—"So long as the parasite remains confined to the pulmonary parenchyma, the disease is simple pneumonia; when it diffuses itself and becomes general, invading the neighboring organs, or penetrating the general circulation, it becomes infectious pneumonia.

Certain lung affections are now considered by many to be infectious; the old opinion that they were caused by cold being no longer held. Thus pneumonia and bronchitis are *generally* held to be infectious, and contracted in dwellings. Dr. Sée divides bronchitis into four groups. I. *Accidental* broncho-catarrh (taken from cold). II. *Primitive infectious* broncho-catarrhs, including influenza, whooping-cough, and measles. III. *Secondary infectious* broncho-catarrhs, as those developed during small-pox, typhoid, and the various cachexiæ and septicæmiæ. IV. B. of physico-chemical origin. The italics are our own.

The pressure now brought to bear by

prominent observers, in the direction of bacillus causation of disease is daily becoming more forcible. In its gradual evolution, our ideas of pathology and therapy certainly seem to become wider, deeper and stronger. In following out these theories, we even begin to understand the detailed and mechanical actions of medicines. This department was until lately situated in an impenetrable black chamber, the action of but very few drugs being understood. The medicines cured, but it was not known why.

Over-pressure in Schools.

The September number of the *Pacific Medical and Surgical Journal* is mainly taken up with reports to the State Society, in different branches of medicine; a notable fact is that educational over-pressure is noticed in communication with several of the reports; showing that forcing the young mind reacts injuriously in many ways.

It is proper and allowable that greater application should be permitted to those scholars who are to become teachers; but, with the exception of geniuses, the mass of scholars ought to be set short lessons, in not too great variety. Children are expected to compose abstruse metaphysical essays: here is what Dr. Mays says, in his report on Mental Disease; he is superintendent of the California State Asylum, at Stockton.

"The higher functions of the brain, imagination and ideation, should not be brought into play too early. The brain-cells which subserve them are finer and more complex in structure than any others, and no doubt more delicate. To subject them in early years to over-strain is liable to be followed by disastrous effects. Cases are not wanting where, in young people,

intense study has produced epileptic fits; in other cases, persistent nervous exhaustion; in others, what Dr. Tuke aptly calls "brain-fog." Pupils who have been crammed and stuffed preparatory for an examination will sometimes pass it successfully, and then stagnate. They are mentally crippled for life."

The majority of people cannot write well before middle age; celebrated poets and painters have lived many years, before their works were well received by the public. The genius of Chatterton is rare. Matured skill and learning take their own time—years between each production. Medical students can rarely remember three or four cases in one day.

Professorships of Biology.

There is a general feeling now in the medical mind that endowed chairs of histology and biology should be universally established in medical schools; it being understood that the professors should receive heavy salaries, for two reasons; that they might devote their time and energies to experimentation; and secondly, to reimburse them for the loss of private practice.

This plan has been specially emphasized lately by Dr. Holmes, in his address to the Canada Medical Association; and by Dr. Hirschfelder, in his report on medical education read before the Medical Society of the State of California.

Ovariectomy in a Tuberculous Subject.

We reproduce the following from the *Pacific Medical and Surgical Journal*:—

Dr. O. O. Burgess of San Francisco, reports a case of ovariectomy in a tuberculous subject. He states that in consideration of the question of operation in this case a most interesting query was as to what would be the probable effect of the operation upon the existing tubercular disease of the lung. Hitherto the progress of that disease had been remarkably slow.

Would the effect of the operation—necessarily a severe one—be to light up increased activity in the diseased lung and speedily carry the patient off with pulmonary consumption? If so, it would be hardly worth while to subject her to the risks of an operation for the removal of the ovarian cystoma. No precedent could be found in the experience of himself or his colleagues, nor in the literature of the subject at his command.

The patient, a young lady of 26, had become very weak and emaciated—in fact, had been confined to her room for nearly two months—and it was evident that she could survive but a few days longer unless the tumor was removed. This was accordingly done on the 3d of January 1885—fifteen months ago. Although the operation was very severe and prolonged, and recovery slow, painful and tedious, no ill effect upon the long condition has followed. The patient has gained twenty-five pounds in weight, and is now in better condition as regards health and strength than she has been at any time since the lung trouble began four years ago. The lesion of the lung has extended but little, and occupies the apex of the right lung extending downward to about the second rib.

Orthopædic Methods.

In a letter by Dr. R. T. Morris to the *N. Y. Medical Journal*, may be found phrases worthy of being noted and analysed. Some think that pathological processes cannot be wholly restrained by the application of mechanical apparatus. Dr. M. thinks that continual triumphs are being recorded in mechanical treatments.

He remarks that certain professors' reputations have not been founded on mistakes: unfortunately, this is the case with a certain number.

He remarks that tuberculous disease of the bones and joints is far more common in Europe than in America: this is true, and no doubt attributable to the poor food, and bad surroundings of the working classes in Europe; on account of low wages in Europe, meat is rarely eaten; in

fact the peasantry is half starved. With us, laborers eat meat every day.

He thinks the time is approaching when tuberculosis may be considered a self-limiting disease; and goes so far as to hope of the curability of lung consumption by the application of a plaster jacket, combined with 'rest' of the voice, and other suitable treatment.

Dividing the Thyroidean Isthmus.

Dividing, or excising the thyroidean isthmus is now being practised and advocated; the idea evidently being that if the two halves (lateral lobes) are dissevered, the blood supply is interfered with. Severing, or removing the isthmus does not affect the blood supply to the gland; as the two arteries enter the top and bottom of each lateral lobe on either side; not entering the isthmus, except by an anastomosis.

Obituary.

CHARLES DUDLEY HOMANS, M. D., of Boston, died recently at Mt. Desert, Me., aged sixty years. His death is stated to have been due to disease contracted at a hospital operation two years ago. The deceased belonged to a family many of whose members have risen to distinction as medical practitioners. He received his degree in medicine from Harvard University in 1849, and continued to practice medicine in Boston up to a short time before his death. He was one of the surgeons of the City Hospital, and a member of the Massachusetts Medical Society (of which he was at one time president), the Society of Cincinnati, the Massachusetts Humane Society, the Massachusetts Medical Benevolent Society, the Suffolk District

Medical Society, the Boston Medical Association, the Boston Society for Medical Improvement, and the Obstetrical Society of Boston (of which he was the first vice-president). His membership in the Society of the Cincinnati was by virtue of his grandfather's having served as a surgeon in the Army of the Revolution.

ALBERT H. CROSBY, M. D., of Concord, N. H., recently died suddenly of apoplexy, at the age of sixty. He was a son of the late Professor Dixie Crosby, of the medical department of Dartmouth College. The deceased received his degree from the same institution, after having been a member of the bar for several years. During the war of the rebellion Dr. Crosby served in various capacities in the medical corps of the volunteer army, and he was afterward a pension bureau examiner, physician to the New Hampshire State prison, and physician to St. Paul's School at Concord. He stood high as a practitioner, and was much esteemed as a citizen.

DR. THOMAS ALEXANDER MCBRIDE, of 47 East 26th st., New York, died on board the North German Lloyd steamship Aller at sea on the morning of Aug. 31. Dr. McBride was born in Ohio 40 years ago. He was a graduate of the College of Physicians and Surgeons of this city. In addition to having a large consulting practice, which was specially devoted to diseases of the nerves and of the kidneys, he was an attendant physician to the Presbyterian Hospital and a lecturer in the Medical Department of Yale College. He was a member of medical societies and of the University and the New York Yacht Clubs. He belonged also to the Hol-

land Masonic Lodge, No. 8. He leaves no family. Dr. McBride spent the greater part of the summer at Carlsbad, where he was treated for Bright's Disease. He improved somewhat, but after reaching Southampton on his return to America he became quite ill. He was removed to the steamer, where everything possible was done for him. On the second day out he became unconscious, in which condition he remained until his death. His body was buried at sea. The Rev. Dr. Buell, of St. Luke's Church, New York read the funeral services in the presence of the officers and crew and Dr. McBride's acquaintances on board.

DR. A. M. FAUNTLEROY, late Superintendent of the Western Lunatic Asylum and one of the most eminent Virginian physicians, recently died suddenly at Staunton, Va. He was brother of Judge Fauntleroy, of the Supreme Court.

DR. WILLIAM W. JACKSON, for the past ten years physician to the City Prison and medical examiner of the Department of Charities and Correction, died recently at his residence, in Harlem, N. Y. He was known as an expert in insanity, in which he had made a special study. At the Tombs he was much esteemed, as well for his amiable disposition as for his skill. Dr. Jackson was 56 years of age. He leaves a widow and three sons.

WILLIAM ARMSTRONG IRVINE, M. D., died at Irvine, Warren County, Penn., on Sept. 7, at the advanced age of 83 years. He was Vice-President-General of the Society of the Cincinnati, and President of the Pennsylvania State society of that historic association, in which his father, Commission-General

Callender Irvine, United States Army, and his grandfather, Brig.-Gen. William Irvine, of the Continental Army of the Revolution, were each, in succession, members. He was widely known and highly respected in Pennsylvania.

Medical Items.

Ova in an Ovarian Tumor.—Prof. Wythe, of California, in his 38th case of ovariectomy, found ova under the following circumstances:—instead of the ordinary multilocular form enclosed in a common membrane, there were hundreds of cysts varying from the size of a pea to that of a child's head, and interwoven with the attenuated and altered omentum. Ova were found in some of the cysts, coming from the graafian vesicles. There are but four similar cases on record, two of Spencer Wells, and two of Tait.

Removal of Cerebral Tumor.—Prof. Hirschfelder of San Francisco, successfully located a cerebral tumor, and removed the same.

Leprosy.—Dr. Sundberg, speaking about the leprosy in Norway, said it is supposed that their liking for decayed fish might have some influence in producing the disease. [Perhaps they are too poor to buy fresh fish.]

"N. Y. Medical Journal".—This esteemed weekly has lately well come to the front as a scientific journal; its circulation has also been notably increased. Its publisher and editor are to be congratulated on the facts of *no expense* being spared, and that the very newest discoveries are retailed in its pages. The foremost men of the day are contributors. The subscription price is dear (five dollars), but at the end of the year, one would *lose* more than that by not taking it in, or by stopping the subscription. Dr. Foster is a very careful man, the pages of his paper containing

nothing but serious matter, scientifically considered. There is a determined earnestness of purpose in its production, that augurs well for the future status of scientific studies in our country.

Swallowed Forks.—In the *N. Y. Medical Journal*, it is related that M. Polailon removed a fork from the stomach by gastrotomy, its site having been perfectly indicated by magnetic instruments. The possibility is hinted at of attaching a magnet at the end of a probe and withdrawing forks by the natural passage. Knives, of course, could be extracted in the same way. If the cardia offer resistance, the stomach may be distended with liquid or gas.

Nodular Tumor of the Corpus Callosum.—In an important series of papers on the nervous system, by Dr. Spitzka, the author has recorded this unique case. These papers are based on researches conducted in the private laboratory of Dr. Spitzka.

Goitre.—Instead of excising the whole or part of the thyroid gland, it is now proposed to either divide or remove the isthmus, between the two lobes.

Trained Nurses for Insane Asylums.—Instruction, certificates and diplomas are now given at the Hudson River State Hospital, Poughkeepsie. This is an advance over old methods.

Excision of the Primary Sore in the Prevention of Syphilis.—Dr. Andronico reports four cases in which he excised the initial leison of syphilis, with a result of preventing the appearance of secondary symptoms. All the cases were apparently above suspicion, as the author was able to trace the source of infection and to convince himself of the nature of the affection in each instance. He concludes from these cases that: 1. The abortive method is an effectual means of preventing systemic infection, when the primary leison situated upon certain parts suitable for operation, such as the labia majora or minora,

prepulse of skin of the penis, etc. 2. The excision must be made within 48 hours, or, at most, within three days after the appearance of the chancre. 3. A greater age of the primary sore and the existence of glandular infection are contra-indications to the operation.—*Giornale Italiano delle Malattie Veneree e della Pelle*, May and June, 1886.

Sanguineous Cysts of the Neck.—Gluck ("Dtsch. med. Woch.," 1886, No. 5,) reports a successful case of extirpation of such a cyst in a girl sixteen years of age. It was interesting from the fact that it appeared to be originally a brachial cyst which had communicated with the internal jugular vein; it was necessary to ligate the vein before the cyst could be removed. Eighteen similar cases have been reported up to the present time.

RAG DISINFECTION AT BOSTON.—The patent steam process for disinfecting rags in the bale, which was the cause for so much complaint on the part of merchants and importers here, has been in vogue by compulsion in Boston since March, 1885. It has provoked similar complaints and objections there, and recently was made the subject of an investigation by the joint standing Committee on Health of the Boston City Council. The Committee had 15 hearings, examined medicinal and sanitary experts, paper makers, merchants, steamship agents, and others. Their report was presented to the Board of Aldermen on Tuesday last.

They say that experiments conducted by the petitioning merchants "show that in the bales experimented upon the process failed to raise all parts of the bale to the temperature required for disinfection;" and Dr. Durgin, the Chairman of the Boston City Board of Health, expressed himself as dissatisfied

with the process. There was evidence also to show that it may injure the fibre of the rags, thereby lessening their value. Beyond this the committee did not think it necessary to push their inquiries, because in common with Dr. Durgin, they believe there are other and cheaper processes; because, if any disinfection is to be done, it should be done by the Board of Health, and not be delegated to a monopoly; and finally because "in most cases the disinfection of foreign rags is unnecessary."

As to this latter point the committee say that the Treasury regulation directing rag disinfection was the first in the history of the country and was rescinded within six months. The agitation for the disinfection of rags they regard as unwarranted by the facts. No special danger is to be feared from rag importations. There is no evidence that cholera ever was introduced by foreign rags or carried by domestic rags when cholera was epidemic in this country. Massachusetts in 1873 escaped the cholera altogether, although using great quantities of rags. Very large quantities of rags from India, which is the home of cholera, have been safely used here without disinfection. The only contagious disease traceable is smallpox, and that but rarely. In all such cases, moreover, the rags were domestic, not imported. If any rags should be disinfected, it is the domestic, but no attempt has ever been made to do this. Under these circumstances the committee think the city of Boston may safely adopt the recommendation of the sanitary experts who met there on March 10, and decided "that the treatment of rags from non-infected ports is not necessary."

STATISTICS FOR PHYSICIANS.—The State Board of Health, of N. J., has requested local boards to endeavor to obtain evidence against physicians failing to file a report of births, as specified by law. The State Board is determined that physicians throughout the State shall comply with the statutes in this regard in order that full and complete statistics may be secured. A request has also been received to adopt a system whereby a full and accurate report of all houses, together with their location, wherein contagious diseases have existed or do now exist, with a view to securing more positive evidence concerning the ownership of such dwellings and the abatement of the disease by reason of sanitary improvement. A third and equally important request accompanies the foregoing. The State Board urges the appointment of a thorough veterinary surgeon, whose duty it shall be to visit and inspect every dairy at least twice in each year. This is especially desired in consequence of the presence of pleuro-pneumonia among cows to an alarming extent of late and as a better guarantee that the product of such diseased animals will not be disposed of for public use.

SMALL-POX STATISTICS.—Those statistics show a decrease in the total mortality from small-pox, and also in the mortality of children under ten years of age, but an increase among adolescents, adults and the aged. This change must have some significance, and no doubt the chief cause is to be found in the neglect of re-vaccination. It is very evident that before vaccination of infants became compulsory many of them suffered from small-pox, which destroyed

some and left others with a life-long immunity, and when vaccination became general the prevalence became less, and many of them grew up without suffering from the disease. But the protective influence of vaccination is only temporary, whereas that of an early attack of small-pox is almost permanent, and hence, as the children grew up, the former disappeared and left them unprotected against the disease; in other words, the adults exchanged a permanent for a temporary protection.

LARGE DEATH RATE AMONG NEGROES.—The last mortuary report of the Health Officer of Savannah, shows a death rate per 1,000 of the population of 12.19 for the whites and 122.94 for the colored people. This is bad enough, but the mortality of the colored children is even worse, being at the rate of 601.93 per 1,000. Should such a mortality continue it will sweep away all the piccaninnies of the Georgia city. At this rate of mortality the average duration of life among the negroes of Savannah is but little over eighty years, and this when the city is free from any epidemic disease. Measles prevails there to a small extent; but while it is of a mild type among the white children it has proved very fatal with the negroes. It is not to measles or to any disease that this mortality is traceable. It is caused by imprudence, by lack of the proper care and attention. The negro children are neglected, receive no nursing, fail to get the medical attendance, the medicine, or food they require. They live, even when in good health, in the most unsanitary condition and defy all the laws of hygiene. Every Southern city is suffering from this same trouble.

Its death list is swollen by the thousands of ignorant negroes who fall victims to their carelessness and impudence. Diseases are nursed in its negro quarters; smallpox, measles and scarlet fever linger there, when they have been driven out from all white districts. The evil is growing worse from day to day. There has been no sanitary improvement among the Southern negroes, no decrease in mortality. Each year shows a worse condition of affairs.

GENERAL PARALYSIS.—This fatal disease seems to be on the increase, particularly in France, according to Dr. Sanze. This writer ascribes its prevalence to the habitual use of alcoholics, not in a markedly excessive quantities, but in regularly daily potations. The constant cerebral congestion which is thus produced, brings about, he claims, the characteristic degeneration of the layer of brain cells closest in contact with the vessels of the pia mater. While few will disagree with Dr. Sanze as to the evil of over-stimulating, it seems to me that no one form of excess alone can rightly be responsible for the spread of general paralysis. It is a disease of a worn-out brain, forced into abnormal activity, and driven beyond the point of exhaustion, the life that is led by so many of our business men to-day, a life of incessant anxiety, of forced energizing, *plus* sexual and alcoholic excesses, is what causes the wreck of the brain.

FUNCTION OF THE CEREBELLUM.—Prof. Luciani denies to this organ the function of co-ordination of movements. After a minute series of experiments on dogs, he ascribes to this great nerve mass the function of the origination of continuous tonic action, which gives

force and energy to the other centers. It is, he claims, a tonic centre, on which depend all muscular and motor energy. The long prevalent theory, however, is still held by recent writers, namely, that the cerebellum is the seat of muscular co-ordination, as evinced by the unsteady movements and reeling gait characteristic of cerebellar disease. The middle lobe of the cerebellum, says Gowers, is in some way concerned with the maintenance of equilibrium. It also arranges the harmony of movements.—*Pacific Medical and Surgical Journal*.

ATROPHY OF HEMISPHERE FROM ARREST OF FUNCTION.—In epileptic imbeciles, one cerebral hemisphere is sometimes only one-half the size of the other. It seems to contradict the well-known law that want of symmetry between the two hemispheres is peculiar to the more intelligent races of men. The cerebrums of all vertebrate animals, and of savages and congenital idiots, present a complete symmetry, one-half being the exact counterpart of the other; while in the higher races of man a lack of symmetrical arrangement of the convolutions is manifest, increasing with the increase in intelligence. But the contradiction is more apparent than real. It is loss of function that produces shrinkage or atrophy. In the congenital idiot there is a primarily defective brain, unfitted from the start for any higher duties.

ASTHMA AND INSANITY.—The association of spasmodic asthma with insanity has attracted much attention from alienists. The two diseases will often alternate. Dr. Conolly Norman describes several cases of insanity in which asthma would recur as a metastasis.

IMMUNITY FROM INFECTIOUS DISEASES.—There are three theories that endeavor to explain the immunity acquired from infectious diseases through a previous attack or inoculation with an attenuated virus. 1st. The exhaustive theory advocated by Pasteur, which supposes the presence of some pabulum necessary to the development of the exhaustion of this pabulum, either by a former attack, or the inoculated virus. 2d. The antidote theory of Klein and Klebs, which supposes that a previous attack or preventive inoculation produces some chemical agent poisonous to the specific germ, and thereby prevents its development. 3d. The vital resistance theory, advanced independently by Sternberg and Grawitz, supposes that immunity is due to an acquired tolerance on the part of the living cellular elements of the body to the poisonous products evolved by disease germs, to which they probably owe their pathogenic power, and a consequent ability to resist invasion by them.

The exhaustion theory has been disproved by Klein and Salmon, who show that germs can be cultivated in bouillon made from the flesh of a protected animal, and hence that the pabulum for such germs is not exhausted by protective attack or inoculation.

WHAT AILED THE BABY.—A Boston physician was called out of bed the other night to answer the telephone. "Hello! what is it?" he asked, little pleased at the idea of leaving his comfortable bed. "Baby is crying, doctor. What shall I do?" came across the wire. "Oh! perhaps it's a pin," suggested the doctor recognizing the voice of a young mother, one of his patients. "No," was

the reply, "I am sure it can't be that." "Perhaps he has the colic," returned the doctor, with well-simulated solicitude. "No, I don't think so," replied the anxious mother, "he doesn't act that way. "Then perhaps he's hungry," said the doctor, as a last resort. "Oh! I'll see," came across the wire; and then all was still. The doctor went back to his bed and was soon asleep again. About half an hour afterward he was again awakened by the violent ringing of the telephone bell. Jumping out of bed and placing the receiver to his ear, he was cheered by the following message: "You are right, doctor; baby was hungry."

PERCUSSION OF THE CRANIUM.—To Dr. B. Silva belongs the credit of discovering that, on percussing the cranium over the motor centres that border the fissure of Rolando, contraction is excited in the limb over which the centre presides. For example, by tapping over the left temporal region, corresponding with the arm center, there will be produced a slight movement of the right forearm upon the arm, and slight pronation of the forearm with adduction of the thumb. If, again, the skull be percussed a little higher up, over the leg centre, there will be a contraction of the quadriceps femoris, the tibialis and the gastrocnemius. Dr. Silva uses a pleximeter and a small hammer. The amount of movement, he adds, is proportionate to the force of the blow.

Who shall say that this discovery, if confirmed, may not contain the germ of a new basis for cerebral diagnosis, perhaps treatment? After other psychomotor and sensory areas shall have been localized, and later and more scientific

"phrenology" shall have mapped out the skull in accordance with the function of each underlying knuckle of cortex, the percussion of the cranium will become an important feature in clinical teaching. The day will arrive when the physician will be able to determine the nature and seat of brain lesions with as much accuracy as he now determines the nature and seat of heart lesions. And when we have learned to readily locate a cerebral lesion, what next? When we can say "Here, within half an inch of the tip of my finger, lie the disordered brain cells," shall we stop there? Is there something so terrible in the idea of local treatment of the brain? Fifty years ago the uterus was similarly a *terra incognita* to surgeons, being regarded with a sanctity approaching to awe. The surgery of the brain awakes its Marion Sims.

THE recent alarming spread of the cholera in Austria and its awful ravages in Japan and Corea, where its victims are said to have been numbered by scores or hundreds of thousands, make the present as distinctively a "cholera year" as were 1884 and 1885, when its chiefe European seats were Italy, France, and Spain. The history of this scourge shows that it does not make a steady tour of the globe, but may return to the same countries or sections of the earth's surface through a series of consecutive years. Its first appearance in this country was in 1832, but it had then ravaged Europe continuously for two years and Asia for twelve or fifteen. It remained in America, also, more or less for three or four years. Like characteristics were manifested by the second cholera pestilence that visited us, that of 1848. The pres-

ent epidemic can be tracked back to 1881, when it was carried by pilgrims from Hindoostan to Arabia. The lesson is that the precaution of the last two years against its introduction into America should not be relaxed, since it may yet be brought to us.

EDITOR EASTERN MEDICAL JOURNAL. *Dear Sir.*—I take the liberty of enclosing you the latest report of the work done by M. Louis Pasteur, the great French inoculator, who has personally favored me with the same. The system is attracting as much attention abroad as here, even more, for abroad his successes are published more frequently. The report is up to Sept 1.

Countries sending patients.	Treated.	Died.
France and Algeria, -	1324	*4
England, -	68	1
Austria-Hungary, -	43	0
Germany, -	9	0
United States, -	18	0
Brazil, -	2	0
Belgium, -	50	0
Spain, -	75	2
Greece, -	10	0
Portugal, -	24	0
Holland, -	14	1
Italy, -	138	0
Russia, -	186	†12
Roumania, -	20	2
Switzerland, -	2	0
Turkey, -	2	0
Bombey, -	1	0
	1986	‡22

* Too late for treatment.

† Eight by dogs, four by wolves.

‡ Six too late for treatment.

JOHN M. DAVIS.

430 Walnut street, Philadelphia.

PASTEUR'S HYDROPHOBIC INOCULATIONS.—Pasteur has used it with marked success in the treatment of rabies; he does not claim that he can cure the disease, but from numerous experiments

upon animals he believes that its *development can be prevented* even after the person or animal has been bitten by a rabid dog. His method is to commence with a virus so far reduced, by exposing it to dry air, as to render it harmless when introduced into the human system; the next day he uses a stronger virus and so on until he introduces that which has been exposed only for one day and which is so strong that had it been used in the first instance it would have produced the most violent form of hydrophobia, but when injected in the gradual series is perfectly harmless.

ANEURISM OF THE HEPATIC ARTERY.

—Dr. R. Caton has reported a case of this kind to the London Clinical Society, being the eleventh case on record. The patient, a man of forty, suffered mainly from symptoms of obstructive jaundice, but he had great pain and finally vomited blood.

"OLD Q.'S" MANNER OF DEATH.—

The American papers assert that Mr. Tilden's death was caused by his imprudence in insisting on devouring a peach which weighed nine ounces. The notorious Duke of Queensbury ("old Q") was killed at the age of 86 exactly in the same way. He ate several peaches and nectarines, to the rage of his two physicians, who were paid on the plan adopted by the Emperors of China—so much per week for keeping him alive. This exemplary old nobleman preserved his faculties to the last minute of his existence and died with perfect self-possession, with his bed covered with unopened notes (80) from women of all sorts and conditions, which he had ordered to be laid on the counterpane as they were brought in.

Eastern Medical Journal.

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Original Articles.

[FOR EASTERN MEDICAL JOURNAL.]

Alexanders' Operation.

BY DR. HANKS, NEW YORK. ASSISTANT SURGEON TO N. Y. STATE WOMAN'S HOSPITAL; PROF. DISEASES OF WOMEN, N. Y. POSTGRADUATE.

LIVERPOOL, July 7, 1886.

I called upon Dr. Alexander by previous appointment, and went with him to the Charity Hospital, a large institution of over five hundred beds. Dr. Alexander does all the surgery in the hospital.

To-day he has on the list a case for his own operation, a cataract, a suspected malignant growth, and several cases of minor importance. He has two physicians in the house staff, and half a dozen intelligent, clean looking nurses. The operating room is quite antique, but clean, well lighted, being on the third floor, and well ventilated, as back of the screen, near where the three operating tables stand, there is a large fire place, with a fire steadily burning. Carbolyzed spray is used in the room before operating; none afterwards. Strict antiseptic precautions are taken in cleaning hands, instruments and sponges.

Dr. Alexander uses chloroform altogether, administering it by means of a cup of wire, the size of a large coffee cup, with handle. The cup is covered with cotton flannel; a little chloroform is sprinkled on the outside of this cup, and the patient is quickly brought under its influence.

The Alexander operation was done as follows: Patient under chloroform, lying on back. Uterus found completely retroverted, cervix at posterior pubis; fundus in hollow of sacrum, not fixed; canal contracted at internal os. (See No. 20.) The usual place was selected for the incision, first shaving the parts, then washing with 1 to 2000 corrosive Chl. of mercury. Incision 1 1-2 inches directly over internal inguinal ring. Dr. Alexander said he can usually feel the ligament. The first one was easily reached, and showed white and glistening; also the muscular sheath. Carefully dissecting off everything from the right ligament, he then seized hold of, with finger under it, and gently pulling, it soon began to come through. Then he very easily, quickly and deftly drew it out full three inches when he felt it prevented from coming further, by the distinct sensation which a string with a knot at the further end would give, if it was being pulled through a hole of about the same size. I was conscious, myself, while carefully watching the operation, that an obstruction had reached the canal in the peritoneal cavity. The ligament is coiled in around in bottom of wound, and two silk worm-gut stitches were passed through the pillar of the canal on one side, then through the right ligament and opposite pillar, and tied, the wound being washed out with 1 to 2000 Bi-chl. M. Later, two more silk worm gut sutures were inserted su-

perfinially, not until a small rubber drainage tube was inserted along the base of the wound. Powder of Iodoform, and Iodoform cotton compresses were applied, and these held in site by adhesive plaster. Before the first wound was closed, the second incision was made on the opposite side. More difficulty was experienced in reaching this left ligament. Even Dr. Alexander had to have his assistants use the retractors while he searched for it, after having cut into its supposed immediate locality. At last he found it near the lower edge of the wound, at its base. He quickly cut through the covering, dissected off the nerve, etc., and got finger under the ligament, and with considerable traction, pulled out three inches of this and placed two silk worm gut sutures through the ligament and pillar, exactly as in the first; then washed again with 1 to 2000 Chl. M.; placed drainage tube in site; then two more sutures in external wound. Then both wounds dressed as before described.

[No. 20.] Before beginning the operation, Dr. Alexander kindly allowed me to examine the patient, and I found the uterus as before described. He placed a small sized zinc and copper pessary, but with stem 1 1-2 inches long, in uterus, and pushed up the organ to its normal situation, and then adjusted a Hodges' pessary, with two additional bars across, to keep the stem pessary from slipping out. When the uterine displacement was thus rectified, he began the operation.

If the temperature subsequently does not show a tendency to rise, nothing is done for ten days. The pessary is worn for two or three months. The stem

pessary, in case of retroflexion, from ten days to an indefinite period.

Dr. Alexander believes that his success in the cure of these badly retroverted and retroflexed or completely prolapsed uteri, is due to the fact that he draws upon a large piece of the right ligament, from 2 1-2 to 3 1-2 inches, and that in addition he restores the perineum when it is badly torn. He does not use a needle holder at all in his operation—only his fingers. His needle was slightly curved, and about 1 1-2 inches long. I suggested to him that a very much shorter needle, straight, or but slightly curved at the end, and held by a needle holder would be used in New York, and I believed with greater facility and exactness. He said that he had always used his fingers, and that a needle holder was less used in England than in America.

His sponges, although undoubtedly clean, were far from white, and were larger than those we are accustomed to use in New York. His adhesive plaster, too, is the old gum kind, and he states that the modern and far superior rubber plaster, is not yet in general use in Liverpool.

Dr. Alexander believes that the reason for the failure in so many cases, is, that the uterus is not kept in position by a well fitting pessary for a sufficient time, and that generally surgeons do not draw out enough of the ligaments, or do not draw it until the distinct sensation of the terminal obstruction is felt. He believed a stem pessary should be used for a week, or even a month in case of bad retroflexion, keeping the stem well fixed with some form of pessary.

I am convinced that in such cases as

this in which he operated, a cure ought to be effected if the patient does well for a few days. I must also say that I am a convert to the operation in cases of complete retroversion and procidentia, when the usual means fail. There is no question, however, of there being a necessity of perineoraphy in all cases where the perineum is destroyed, before the Alexander operation is performed. Neither is there a doubt of the necessity of having a well-adjusted pessary worn from two to six months after the operation.

55 EAST FIFTY-NINTH STREET.

[FOR EASTERN MEDICAL JOURNAL.]

Ulcerative Endocarditis.

BY W. E. PRYOR, M.D., NEW YORK.

My object in writing this short paper is to report a very interesting case of an exceedingly rare disease. I will first give a clinical history of the case, and add a few remarks. Though seen by four of the most prominent physicians of the city, the nature of the trouble was not discovered until the autopsy.

K. M.—æ. 25,—Irish,—Single,—Laundress,—seen for the first time, April 19th.

She gives the following account of her illness: On March 27th, she washed clothing all day, and was wet most of the time. On the 28th, she experienced chilly sensations the entire day, but had no single pronounced rigor. A slight cough set in the next day, and this very soon became severe, with pain in the left side of thorax, afterwards changing to the right side.

On April 2d, she took to her bed, suffering from great general weakness, and a distressing cough, with profuse expectoration, the latter never blood-stained.

In a few days diarrhœa set in, and the discharges for a time were exceedingly frequent. On April 16th, the discharges greatly diminished, but she began to vomit.

On April 17th, the vomiting was almost incessant, the matter ejected being yellowish and bitter. She has always been temperate. Does not give a history of receiving any blow, and does not know where she began to get jaundiced.

On examination, I find the patient deeply jaundiced over the whole body. She has a diarrhœa, with rapidly recurring stools of yellowish fluid. The tongue is coated brown, and dry. The breathing, rapid and thoracic, and fifty per minute. Pulse, 104 per minute, and very irregular. Temperature, *in axilla*, 103° F. Sonorous and sibilant rales are heard over both lungs. The heart gives out a systolic murmur, probably due to aortic obstruction; but the limitations of the bruit cannot be sharply drawn, owing to the loud chest-noises. The liver is slightly diminished in size and exceedingly sensitive to pressure. Spleen normal in size. The patient has a very anxious and stupid expression of countenance. Vaginal examination reveals a recently lacerated cervix uteri, and torn perineum, both partial. The vagina is coated with a not excessive amount of muco-purulent fluid, which has much the odor of unclean genitals. The urine is of a brownish-red color; of acid reaction; S. G. 1018; and contains much albumen. Fine granular casts, leucine and tyrosin are found on microscopical and chemical analysis. A diagnosis of "Malignant Jaundice," or "Acute Yellow Atrophy" of the Liver,

is made. The patient is put on large doses of stimulants, and enough morphia to limit the diarrhœa and keep her free from pain; but the vomiting cannot be entirely controlled.

April 20th. 9 A.M. Temp. 103°; resp. 38; pulse 85, and slightly improved in quality, though still irregular.

5 P.M. Temp. 104 1-4; resp. 40; pulse 75, and still irregular. Her general condition to-day is not improved. She vomits occasionally; the jaundice is still deeper; the diarrhœa confined to three stools in the twenty-four hours. The mind less active, and the patient indifferent to her surroundings, though perfectly conscious. The question of possibility of yellow fever has come up, but without being received, all of us adhering to our diagnosis of acute yellow atrophy of the liver. We considered the heart murmur due to an old lesion of the aortic valves. The bronchitis is still present.

April 21st. 9 A.M. Temp. 104 1-2; resp. 48; pulse 105, and irregular.

The liver dulness is limited to an area of about one inch in breadth, hence, we feel strengthened in our diagnosis. Patient evidently weaker to-day.

5 P.M. Temp. 103 1-2; resp. 44; pulse 100.

April 22d. Last night she was actively delirious. This morning there is great tenderness over the liver, which is very markedly decreased in size. The jaundice is much deeper; Tongue, dry and coated and cracked. During the night she had several clay-colored diarrhœal movements. Her general condition is very bad; she is moribund: lies in a torpid stupor, but can be aroused.

At 9 A.M., her temperature was 105

1-2; respiration 40, and shallow; pulse 124, irregular and very thready.

At 10.30 A.M. she died.

AUTOPSY IN THE AFTERNOON.

The lungs are found to be the seat of acute pleuritis, causing cohesion between the two surfaces of the pleura on the right side at the base, and over the whole left side. The larger bronchi are inflamed; the lower lobes of both lungs are congested; there is a moderate degree of inflammation of the anterior mediastinum. There is pericarditis with an abundant fibrinous exudation, and tender adhesions between the visceral and parietal surfaces of the pericardium. The heart muscle is much softened and is now in diastole. On opening the heart we find the aortic valves diseased. They are covered with vegetations, none of them high, all of them soft; many of which have been washed off into the blood-current, leaving irregular patches of superficial ulcerations of the valvular endocardium. At no point have these ulcers perforated the valves; they are not present in the heart except immediately around the aortic opening, and around the valves.

The *liver* shows deep indentations made by the ribs in tight lacing. It is but slightly softened by parenchymatous inflammation; its anterior border is exceedingly thin and abnormally tilted upwards so that this is the only portion of the viscus presented to the finger in percussing. The gall-bladder is entirely empty.

Kidneys: Both are the seat of acute parenchymatous inflammation; and in the right kidney is an infarction.

Spleen: Enlarged and contains a large

infarction. No emboli are found in any other part of the body.

The gastro-intestinal mucous membrane is markedly congested, but no ulcerations are anywhere to be found. All the fluids and tissues of the body are deeply stained with bile.

The uterus is a little enlarged and the mucous membrane inflamed. But I can find no evidences of the point of attachment of the placenta. The condition is such an one as one may call subinvolution a month after abortion at the sixth month. There is a slight tear in the cervix and perineum, that in the former appears recent, but the perineum has entirely healed over.

I am at a loss to account for the septic infection in this case, unless I lay the blame upon the uterus. In my opinion this girl miscarried, and neglected herself to such an extent that she contracted septic endometritis. While working in this weakened condition, on March 27th, she became the victim of endocarditis; this, through the infection from the uterus, becomes septic, and the ulcers formed from breaking down of the vegetations on the valves. The nephritis and hepatitis were both parenchymatous and acute, and evidently due to the general septic febrile movement. Should another similar case come under my charge, I would treat the uterus as an unhealthy wound, give hypodermics of bichloride of mercury, and keep down the temperature with antipyrine. I wish to call attention to the very peculiar character of the pulse in this condition of hyperpyrexia. With a temperature (axillary,) of 104 1-2°, the pulse beat but seventy-five times per minute. There is but one other condition of

fever where we may have a temperature of 103°, and a pulse below 100; viz., chronic malarial poisoning (called "dumb ague").

I have never met with any case of septic poisoning of any kind where the pulse rate was not very high, with even slight degrees of fever. I cannot attribute it in this case to heart lesion. In fact, no rational explanation has yet been given of this remarkable discrepancy. It is, perhaps, well for me to state that no drugs were given which act as cardiac sedatives.

38 EAST THIRTY-THIRD STREET.

Progress of Medical Science.

UTERINE SECRETIONS PASSING INTO OVARIES.—But, whether recognized or not, there are many cases of ovaritis, acute and chronic, from whatever cause they may be produced. If by septic poison, this septic poison may originate from other conditions of the system than the puerperium or from peritoneal inflammation. In a large majority of instances I believe *the ovary is infected by the unhealthy secretions from the uterine cavity*, which find their way through the Fallopian tubes to the ovary.* The ovary is more liable to, or in more danger of this septic poison from the circumstance that, when an ovule escapes, there is left behind a funnel-shaped cavity, as if to invite or drink in the poison. The only wonder is that the ovary is not more frequently infected and diseased. The infection of the ovary from this cause is rendered yet more easy by any fusion or flexion of the uterus. In cases of flex-

* The uterine discharges are sometimes exceedingly noxious. "In a woman who died of pneumonia, the whole internal surface of the uterus was covered with puriform pus, which was continued along the whole tract of the Fallopian tubes."

ion, especially, the uterine secretions to some extent almost necessarily find exit through the tubes, so infecting both tubes and ovaries.

The normal position of the uterus and its appendages is the most favorable for avoiding these possible dangers, which is also helped by the anatomical structure of the tubes, the longitudinal and circular fibres producing the peristaltic action which tends to force secretions back into the uterus. Also the ciliated epithelii of the tubes preventing fluids from passing into the peritoneal cavity; these millions of cilia may blow along the microscopical egg to its possible resting-place, also "hinder the contact of the spermatozoa with the ovum until the latter has reached the cavity suited for its maturation." Yet another *important function* of these ciliated epithelii is to *prevent fluids and noxious secretions from reaching the pelvic viscera*,† just as the cilia of the breathing organs hinder dust and dirt and other contaminations from reaching the lungs. I have watched the cilia in the oyster, like millions of flashing diamonds, producing such currents in the water as bring necessary food to the inert mollusk. In the Fallopian tubes the cilia are no less effective, nor is their function less important. But young women, by a universal custom, push down, bind or displace the uterus and its appendages, the *cilia can no longer do their duty*, the contagion finds an easy entrance, and commences a course of disease continuing and lingering for years.

I have a patient—a magnificently developed young woman—eighteen years of age. She should be the very picture

† It has lately been demonstrated that the epithelii in the uterus are ciliated, which further helps the wonderful work.

of health, but her blanched lips, pale and agonized face, tell a different story. She says for years she has had such an *aching*, from which she is never free. When a little girl of fourteen she often leaned her head upon the desk and said, "What is it?" On examination I found the uterus completely retroverted, the fundus reached the lowest point in the pelvis, and was bound down by inflammatory adhesions; left broad ligament shortened and thickened; organs enlarged, extremely tender, and dislocated low down into the retro-uterine cul-de-sac. Her vital organs were compressed and pushed out of position, and this displacement allowed the noxious secretions of the uterus to pass readily out through the tubes, and so infect the ovary, causing disease and enlargement, which last favored the dislocation. Another young lady called to see me, same age, and equally well developed—a pupil in one of our fashionable schools. She had a small anteflexed uterus, and back of the ovaries and tubes bound up in one mass of peritoneal inflammation, which inflammation was doubtless caused by the unhealthful and catarrhal secretions passing from the uterus through the tubes. A young lady, twenty years of age, called at my office. She had been treated for anteflexion. So extreme was her suffering during menstruation that she had to keep her bed. But her trouble was *beyond* the flexion—probably *caused by it*. —Dr. Mary D. Jones, in *N. Y. Medical Record*.

TREATMENT OF SYPHILIS BY INTRAMUSCULAR INJECTIONS OF MERCURY.—In a recent lecture, Mr. J. Astley Bloxam stated that over fifteen hundred patients had been treated by this method,

at the Lock Hospital, and elsewhere, during the past eighteen months, with the best results (*The Lancet*, August 21, 1886). The solution for injection contains six grains of the bichloride to the ounce of distilled water, and of this twenty drops constitute a dose. The sore generally commences to heal very promptly after one or two injections, the secondary symptoms are markedly modified, and after a course of treatment extending over a year, more or less, the patient is enabled to discontinue his attendance. Toward the latter end of the course of treatment the injections may be given less frequently, and, as a general rule, not more than from eight to twelve grains of the perchloride are injected in all. It is undesirable to repeat the injections oftener than once a week, as otherwise salivation might be induced, and the quantity injected each time (one-third of a grain,) is found to be quite sufficient until the next time. There are several advantages attending this method of exhibiting mercury. In the first instance, it is only necessary to see the patient once a week, when sufficient mercury is injected to last until the following week; secondly, salivation is not produced, as was apt to happen when the patient continued to take mercury for a whole week away from the supervision of his medical attendant; thirdly, the gastric derangements which are so apt to follow the administration of mercury by the mouth are by this means avoided; lastly, the ease and certainty of the administration, which enable the surgeon to do his own dispensing with a minimum of trouble. A little quinine is generally given during the course as a tonic, but no other form of mercury is

administered. The injections are preferably deep into the muscular mass of the glutei; the pain following is slight and soon passes away, and there is no danger of an abscess. It is desirable that the patient should not take active exercise immediately after the injection, as it has been noticed that blood may be effused at the point of injection, by giving rise to the sensation of a severe bruise of the part, which lasts for a few days. The same effect has followed the puncture of a large vessel, but in any case the result is only transient, and disappears after the lapse of a few days.—*N. Y. Record*.

LACTIC ACID IN LARYNGEAL PHTHISIS.—Dr. Theodore Hering, of Warsaw, has recently published a memoir with this title, in which he relates his experiences with this remedy. He treated thirty-two cases of tubercular ulcerations of the vocal cords with lactic acid, and of these, four were completely cured, two were nearly so, four were much improved, and in six the ulcerations were not healed, but phonation was restored and the dysphagia was relieved. He uses a twenty to thirty per cent. solution, applied by means of a pledget of absorbent cotton, and preceded in certain cases by an application of cocaine. When greater tolerance is established, he employs an eighty per cent. solution of the pure acid, and the applications are continued until the eschar falls off. Such good results in so intractable an affection would seem to warrant a further trial of lactic acid.—*N. Y. Medical Record*.

EPILEPSY FROM DISEASED TEETH.—The literature of epilepsy contains some fifteen cases in which this disease was

cured by the extraction of one or more teeth, but in none of these cases is it proven that the disease of the teeth was the direct cause of the attacks. The following case, recorded by Schwartzkopf, is apparently conclusive in this regard: The patient, a man aged twenty-seven, suffered severe pain in the right upper middle incisor, which was filled soon after. Thereupon appeared a swelling on the adjacent portion of the hard palate, which increased in size until it reached the soft palate, in which soon after, a fistulous opening appeared. Every morning the patient expelled, by pressure with his finger, the purulent contents of the swelling, and was thereafter comparatively free from pain. The tooth, however, was loose, and somewhat painful when in use. Ten days after it was filled an epileptic attack occurred, which was repeated after several months. Gradually the attacks became more frequent, and in eighteen months after the first attack they occurred several times a week. The fistula remained during this entire period, and the patient used, under medical advice, bromides, atropine, and other remedies without result. The tooth was then extracted, whereupon the fistula healed, and the epileptic attacks have not returned, although the extraction occurred four years ago.—*The Practitioner*.

THE KIDNEY IN DIABETES.—In a memoir lately published ("Le Rien dans ses Rapports avec le Diabète") Dr. P. S. Inglessis gives the results of his investigations upon the renal changes that accompany diabetes mellitus—changes which he avers are more frequent than is commonly admitted. The most constant is hypertrophy of the kidney, a

condition doubtless related to the polyuria that is mostly the chief indication of the functional derangement of the organ. This hypertrophy is, according to the writer, characterized not only by obvious enlargement of the kidney, but histologically by a notable increase of the cells of the convoluted tubules.

While renal hypertrophy characterizes the earlier stages of the disease, renal inflammation is more common in the advanced period. Parenchymatous nephritis is the usual type, but it is difficult often to eliminate all other causes besides diabetes in many cases. In some, however, there is no question of the direct relation between the two affections.—*The Lancet*.

NIGHT PALSY.—Dr. W. E. Stevenson (in *The Practitioner*,) contributes a short article on a special form of numbness of the extremities occurring, for the most part, during the night, and to which Weir Michell has given the name of night palsy. Dr. Ormerod's description is quoted as follows: "The symptoms are remarkably definite in character. They occur in women, usually about the climacteric period, and begin in the night. On waking, the patient has a feeling in the hands and arms (commonly on both sides,) of numbness, deadness, pins-and-needles; sometimes there is actual pain, severe enough to wake her. There is also loss of power, the hands and arms become useless, and she cannot hold things. This may so far predominate that the patient comes to be treated for supposed paralysis. Sometimes also the patients say that the the hands swell, etc., at the time. The symptoms pass off in a little time, and rubbing suggests itself as a natural rem-

edy. But occasionally they manifest themselves in the daytime also, and then when the patient sets about her ordinary work—washing, scrubbing, needlework, etc.” The author has several cases of this affection, and his observations agree, in the main, with the foregoing description. Though mostly seen in women at or near the climateric age, it is occasionally met with in men, in whom it is likely to be more severe and obstinate. Some attribute it to anæmia, others to gastric disturbances. All of the author's patients recovered with rest, bromide of potassium, and galvanism.—*N. Y. Medical Journal*.

DIGESTIVE FERMENTS IN THE URINE.—Mya and Belfanti (“*Ctrlbl. f. klin. Med.*,” 1886, No. 26) have succeeded in detecting two digestive ferments in normal human urine. One is the already well-known digestive ferment, which is active in an acid solution; the other displays its activity in an alkaline solution only. Both ferments produce only small quantities of peptone. The first ferment is found also in pathological conditions—typhoid fever, gastric cancer, and Bright's disease. The ferments have nothing whatever to do with the putrefactive processes. The detection of these ferments, the authors believe, is of considerable importance in the question of pathological significance of peptonuria or propeptonuria.

SPONTANEOUS TRANSFORMATION OF MORPHINE INTO APOMORPHINE.—A solution of hydrochlorate of morphine for subcutaneous injection (three per cent.) was ordered for a patient, and its injection was promptly followed by relief of the pain without any gastric symptoms

whatever. Eleven months later the patient made use of the same solution; but this time the injections gave rise immediately to violent and uncontrollable vomiting. The solution was given to a well-known analyst at Paris for examination, and he ascertained that apomorphine was present, thus accounting for the sickness. He recommended in consequence that the solutions of the salts of morphine should never be kept longer than four weeks, and that freshly prepared solutions should not be mixed with the old.—*British Medical Journal*.

PERMANGANATE OF POTASSIUM IN BURNS AND FROST-BITES.—Zuboff (“*Meditzinsko Obozrenie*”; “*London Med. Record*”) reports forty-four cases of burns and thirteen of frost-bite which were treated with local applications of a solution of the permanganate containing one or two grains to the ounce of water. He finds the solution most useful in the treatment of frost-bite; it relieves pain, allays inflammation, and prevents supuration in blisters. In burns of the second degree a half-grain solution is preferable.

AMYL NITRITE IN COCAINE POISONING.—Schilling (“*Ctrlbl. f. d. ges. Therap.*,” Feb., 1886) reports an interesting case of poisoning by the injection into the gums of two drops of a twenty-per-cent. solution of cocaine. Amaurosis, deafness, and complete loss of motion and sensation occurred. Regarding the phenomena as due to cerebral anæmia, consequent upon the contraction of the blood-vessels, he caused the patient to inhale nitrite of amyl, by which she was rapidly relieved

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Dr. Billings' Address.

In such an important matter as the address before the British Medical Association, by an alien, we would have liked to have found nothing to criticize; but the orator made some statements which it would be well to analyze.

The main point of the address is co-operation; the body of the oration consisting of a synthetical building up to that end. The orator takes a very roseate view of the scientific co-operation we, on this side, can offer our British confreres. Considering the quality and quantity of schooling dispensed at our so-called colleges and universities, this is somewhat staggering.

He thinks that the quacks in England are in considerable numbers, and almost unregistered, not as with us; this is extremely unlikely. That the proportion of practitioners in the United States to the population, is only a little above a desirable normal; this happy state of the beatitude of the Washington librarian is to be envied.

He does not explain the reason of the varying proportion in the different sections, declaring his inability to do so.

We will give the following reasons. A very high proportion in Colorado; simply because quacks and regulars of all shades flock like vultures around the dying human wrecks who attend the springs in that state.

In Arkansas, a high medical figure for precisely the same reason—the springs.

In Indiana, because the irregulars have been driven out of Illinois.

In Oregon, a region of vast possibilities, where adventurers of all kinds flock. Ditto for New Mexico, where a great many Canadian doctors have gone, attracted by the high fees.

In the Carolinas, as through all the South, the proportion is low: cause, too many niggers, too little money.

Dr. Billings thinks that a doctor may understand the diseases in one section of the Union, and be totally unfitted to practice successfully in other sections.

If a man has had a proper education, and a good groundwork of anatomy and pathology, he will soon fall into the way of treating local diseases; if he is slow at it, let him talk with some of the old ladies in the section, and they will help him along quicker. Very likely if he follows the ladies' advice, he will cure more and kill less.

He says that physicians with a lucrative practice do not trouble themselves about the backwardness of medical education.—Correct. They would be very foolish if they did.

He thinks that the qualitative supply is equal to the local demand in the various sections; in plain words, the doctor is good enough for the people of that section! This is a very strange statement. People in any section have a right to expect a complete medical education in all

doctors who may settle there. When the Union Pacific railroad was being built, you might as well have said, build some sections well, and others badly, according to the locality—what an absurdity!

He thinks sickness and death are desirable in some affections, thereby preventing hereditary transmission. That is not in accordance with contemporary thought. In this connection, he thinks that lives saved from certain diseases, by modern methods, is misplaced energy, as they will only die of something else. This is possible, but doubtful. If this let-alone policy were adopted, there would be no incentive to medical advance

Co-operation. Machine and watch makers now do only piece-work, each making his own part; therefore specialists can hammer away, each on his own part—right or wrong.

Machines *are* made up of different pieces, the manufacturer of one part having nothing at all to do with that of another.

But in the case of an animal organism it is different; similar physiological and anatomical laws rule in all parts of the body. So that the treatment of inflammation is precisely the same in every organ, and in all parts of the body. Inflammation of the kidney is the same process exactly as that of the eye.

Regarding the question of race, in connection with special diseases, he instances the high death-rate from pneumonia among the colored people in the south; he misses a great opportunity, by not stating that before our civil war, death from pneumonia was almost unknown among the southern blacks; now their careless habits, want of proper care

and supervision formerly exercised by the whites in their regard, including excellent medical treatment; poverty and exposure all tend to lung troubles and death; as in plantation sections, there are no dispensaries or hospitals.

After eulogizing Washington bureaus, and saying that our doctors were pretty good, (!) he praised everything that is British—

“For it’s English, you know.”

The Diseased Mind.

There being a lull just now in the bacterial wave, we have time to cast around among every day matters. The aim of this Journal is, as a rule, practical; but we shall run behind other papers if scientific subjects do not receive their proper share of attention.

A doctor in large practice sees a certain number of persons who are not sick, but suffering acutely from mental strain, and the effects of adverse emotions. The public, including Shakspeare, taunt us with dosing such persons in the same way we do when they are sick. In former times, this may have been so; although even then, the benevolent family doctor may have thought it best to distract the mental invalid, by directing him or her to take medicaments at certain hours; in Virgil’s words, “committing a pious fraud.”

In present times, we have the neurologist and the alienist; in such cases, nervines and tonics are prescribed; and the rules of hygiene and regimen are insisted on; travel, change of scene, amusement, and a course of mineral waters are also advised. Mineral waters are often serviceable in therapeutic cases, but going to the springs often does good

through the imagination, by the fact of taking the dose regularly, in the supposition that it will surely be beneficial; this conjoined with regular hours and habits of living, completes the faith cure. So in this respect, we resemble the old practitioners who dosed everybody indiscriminately.

The famous contemporary Russian novelist, Count Tolstoi, relates ("Invasion.") how the heroine, having lost her two lovers, falls seriously ill, as might be supposed. A number of Moscow doctors and medical scientists are sent for. The patient being a rich one, has to swallow plenty of medicine, the lovers being unattainable. The doctors "laid their head together, criticized each other, talked French, German and Latin, and prescribed the most antagonistic remedies, adapted to cure every complaint that they ever had heard of." (Vol. II. p. 94.)

"Their presence was a great satisfaction to the aching hearts that loved and watched over Natacha." Count Tolstoi, in his usual beautiful language, here strikes the key-note of why we often solicit medical aid and sympathy. There is a great deal to be read in this chapter, which may do us doctors good, as showing how the public estimates; but we will finish with the following quotation:—

"This is where the strength of the physician lies, be he a quack, a homœopath or an allopath. He supplies the perennial demand for comfort, the craving for sympathy that every human sufferer feels, and of which the germs exist in the child. See a baby that has given itself a blow; it runs to its mother or its nurse to be kissed and have "the place" rubbed; and it actually suffers less for the pity and caress.—Why? Because it feels that they are bigger and wiser than itself, and have it in their power to help it.

So the doctors were of a certain use to Natacha

when they assured her that she would be better after taking the pills and the powders from the shop in the Arbatskaia, which were put up in a neat little box, costing one rouble and seventy kopecks, and were to be dissolved in boiling water, and taken every two hours."

A Strict Quarantine.

By metonymy, we use the term quarantine for seclusion; quarantine is generally applied to port quarantine or land cordons; "house seclusion" might imply quarantine exercised against any single house, for instance, in a city.

It is a thankless task finding fault, because, as Moliere said in his "Misanthrope:"—"Le Monde par vos soins ne se changera pas;" or, The world will go on the same with all your care.

A very singular case occurred quite recently in a large city. A lady engaged to be married, contracts scarlet fever; the marriage ceremony takes place all the same, as no postponement of date is wished.

Now, in our opinion, this was reprehensible. The bridegroom with his friends left the house after the ceremony; this would likely disseminate the infectious disease all over.

The lady wore a bridal dress, which was then taken off; of course, where this dress was afterwards put, would act as fomites.

The New York Board of Health does not permit any but the immediate family to attend funerals of those who have died from infectious diseases; but we presume a "marriage case" was never dreamed of.

If a person sick with infectious disease stay at home, they should see nobody in the room but the room-attendants, and their physician.

Nothing Absolute.

When the studies of Bacteriology and Bacteriotherapy were new, we felt in duty bound to accord a large portion of space to the accumulated reports. Many subscribers naturally thought at the time that the practical character of this Journal was being subordinated to a theory, difficult of proof. But as time went on, experiments of all kinds *in re bacterio* proved inter-corroborative; therefore the justice and policy of our journalistic line of action have been evident.

Now, that the medical public has passed through the state of bacterial nonage, the matter is no longer a nine days' wonder; but we have come to regard bacterial life, various conditions, and death, as partly explanatory of everything we see around us.

That bacterial energy, supremacy or death explain all vital or morbid processes—no: ptomanies and the two chemistries have much to say. *Life*, alone, bacteria or no bacteria, is perhaps the chief factor; whether LIFE is evinced in "living fibrillæ (Heitzman), or as a "separate element" (R. Nelson).

As we pass through the decades, these new studies are only means to an end; and must be generously considered in the light of adjuvants—not as hostile elements to our future advancement, medical or personal. No one "explanation" or "rule" is absolute.

Medical Items.

THE following, which appeared in the published report of a New York benevolent society, seems paradoxical: "Notwithstanding the large amount paid for

medicines and medical attendance, very few deaths occurred during the year."

FOR some reason the Munich Regency has adopted the farcial idea of issuing bulletins about the condition of King Otto. The latest gravely says that he is not sleeping well, but is less irritable. Everybody knows that he is an incurable idiot, living naked in straw like a chimpanzee, and the supposition is that this revival of his personality means that he will not live much longer.

THREE patients in Odessa, who were dismissed as cured by Dr. Gamalea, late assistant of M. Pasteur, have since died with the usual hydrophobia paroxysms.

HOW TO DRINK BEER.—Consul Tanner, of Chemnitz, reports to the Secretary of State that the beer production of Germany in 1885 was 1,100,000,000 gallons—enough to form a lake more than a mile square and six and a half feet deep, or it would make running stream as large as some of our rivers." He says the consumption of intoxicants in Germany per head is four times as great as in the United States, yet there are 1,000 hopeless drunkards in the United States to 10 in Germany. The difference arises largely he says, if not entirely, from the manner of drinking in vogue in the two countries. "This science of drinking," he writes "consists simply in the tardiness of drinking. All drinks are taken sip by sip, a half or three-quarters of an hour being consumed for a glass of beer.

This is so simple that one is liable to ridicule for laying stress upon it, and yet on this one point hinges, in my opinion, a question of vast importance to Americans. By this manner of drinking, the blood is aroused to a greater activity in

so gradual a manner that there is no violent derangement of the animal economy. By slow drinking the German accomplishes the object of drinking, and gives his animal economy a chance to say, 'Hold, enough,' which only slow drinking will do. Mr Tanner says that since his arrival in Germany he has his "first glass of water to see drank."

MEN EMPLOYED IN BREWERIES DECLARED REMARKABLY HEALTHY.—Physicians employed by the Brewers' Association have been at work during the past few weeks making an examination of some of the men employed in the big breweries of New York. The examination, which was exclusively a physical one, was intended to show that men who work in breweries were not more afflicted with heart, liver and kidney complaints than men employed in other work.

The examination was suggested by statements made by life insurance companies that risks on brewery workmen were not reasonably safe. These statements were taken up by the prohibitionists and made the basis of arguments against the manufacture of malt liquors. Finding that the insurance men and prohibitionists were circulating these stories widely, the brewers decided to try and make as thorough, complete and convincing a reply as they could, being confident that a medical examination would disprove the statements.

Secretary Katzenmayer and Mr. Toman, of the Brewers' Association, say that the examination has been finished, and the statistics are now being compiled. They were unable to give any of the figures. They say, in a general way, however, that the examination has more than disproved the insurance men's

statements. Nearly 1,400 workmen in the different breweries have been examined. Their weight, height, and other measurements have been taken, together with the period of their service in the breweries and the amount of beer drunk by each man each day. In most instances the men examined were found to be big, healthy, brawny fellows of enormous strength and lifting capacity. The reports of 200 men looked at by Mr. Toman showed that only four suffered from heart, liver, or kidney complaints. Mr. Toman did not know how this average would be carried out with the rest of the men. Each of the 200 drank an average of fifteen pints of beer daily. No statistics were taken to show what percentage of the men died from intemperance. The detailed reports will be ready in a few weeks.

A SECT OF MURDERERS IN RUSSIA.—A horrible religious sect has been established in Russia. The chief doctrine held is that it is a sin to let men suffer bodily pain, on which account sick people belonging to the organization are strangled. The existence of the sect was betrayed by a young peasant of the Government of Saratof, whose sick wife had been kidnapped from his dwelling during his absence, and would have been put to a violent death but for his timely interposition. Both the mother and the aunt of the sick woman belonged to this sect, and it was they who had intended putting her to the "red death," as this sort of killing is called. Returning home one day the young husband found that his wife had been removed to the house of his mother in an adjacent village. He hurried to the place, and found his wife still alive, but washed,

wrapped in white linen, and laid upon a bier. The sick woman had no idea of the purpose for which she had been so laid out, and the husband, being suspicious, determined to watch the development of events. He consoled his wife, and then, hiding himself behind a wide stove, waited the arrival of his relatives. In time he heard some one enter the room and turn the lock behind him. Looking out from his hiding place, he saw that it was a man dressed in blood-red clothes, bearing a large pillow in his hands. A minute later he heard a stifled groan come from the bier. To rush from his place and fell the would-be murderer to the ground was the work of a moment, but the man in red seized his chance and escaped. A few days later no fewer than forty-two members of the sect were arrested by the police.—*Pall Mall Gazette*.

IODIDE OF SODIUM IN ANGINA PECTORIS.—Hurchard ("Jour. de med. de Paris," May 23, 1886,) reports twenty-five cases in which a cure was effected by the use of the iodide in daily doses of from fifteen to forty-five grains, continued for not less than a year and a half. He does not promise a permanent cure in less than three years. The other salts of potassium he regards as cardiac poisons, which aggravate rather than relieve the angina.

VICARIOUS MENSTRUATION.—Puech has collected the statistics of 200 cases of vicarious menstruation, with a view to determine the parts of the body most liable to be the seat of vicarious hemorrhage. Bleeding occurred from the roots of the hair in 6 cases; from the auditory canal in 6; from the lachrymal gland in 10; nose, 18; gums, 10; cheeks,

3; mouth, 4; bronchi, 24; stomach, 32; mammary glands, 25; axilla, 10; umbilicus, 5; bladder, 8; intestines, 10; hands, 7; inferior extremities, 13; various other regions, 8. In girls who are the subjects of vicarious menstruation, the genitals are always moist at the menstrual periods, and give rise to a mucosanguinolent secretion.—*Giornale Italiano delle Scienze Mediche*.

MEMORIZING DOSES.—Dr. G. A. Wiggins, of Philadelphia, gives some general rules with their exceptions, which are thoroughly reliable:

1. The dose of all infusions is 1 to 2 ozs., except infusion of digitalis, which is 2 to 4 drs.

2. Dose of all poisonous tinctures is 5 to 20 minims, except tincture of aconite, which is 1 to 5.

3. Dose of all wines is from 1-2 to 1 fl dr., except wine of opium, which is 5 to 15 minims.

Of all poisonous solid extracts you can give 1-2 gr., except extracts of calabar bean, which is 1-16 to 1-4 gr.

5. Dose of all dilute acids is from 5 to 20 minims, except dilute hydrocyanic acid, which is 2 to 8 minims,

6. Dose of all aquæ is from 1 to 2 ozs., except aqua lauro-cerasus and aqua ammonia, which are 10 to 30 minims.

7. Of all syrups you can give 1 drachm.

8. Dose of all mixtures is from 1-2 to 1 fluid oz.

9. Dose of all spirits is from 1-2 to 1 fluid dr.

10. Dose of all essential oils is from 1 to 5 minims.

COCAINE AS A DIURETIC.—Dr. Da Costa and Dr. Penrose ("Med. News," June 19, 1886) have obtained a marked

diuretic action with this drug, administered in doses of from half a grain to a grain two or three times daily. It is especially recommended in cases of cardiac insufficiency with dropsy.

CAFFEINE AS A DIURETIC.—W. v. Schröder ("Ctrlbl. f. d. Med. Wissensch.," 1886, No. 26) asserts that the diuretic action of caffeine is due to an increase of the blood-pressure. Langgaard (*ibid.* No. 29) reaches the same conclusion as the result of independent experiments.

THE MICROBE OF CONJUNCTIVAL AND CORNEAL GRANULES.—Poncet (*Gaz. des hop.,"* No. 43, 1886) has demonstrated the presence of the microbe of granulations in the epithelium of the cornea, and in all the other elements of the cornea invaded by the granulations. It is very small and very abundant, and fills the centre of the cell. Poncet has found the cells filled with micrococci as far as the membrane of Descemet, and even in the iris.

A STORY is told of a French Canadian doctor in this city who had an account against a printer, which he could not collect. The printer offered to work it out, which the doctor agreed to. After getting all the printing done he needed there was still a balance. The doctor's wife was sick at the time, and he accordingly decided to get some blank funeral notices with her name on them. One day he unguardedly left his desk open. Discovery was the result—and the wife now talks of suing for a separation.

THE WATERMELON CURE.—Professor Manassein recommends the watermelon as a cheap but effective substitute for grapes in the treatment of chronic con-

gestion of the liver, chronic intestinal catarrh, and similar affections.

THE NEW STATE BOARD OF HEALTH OF MASSACHUSETTS is constituted by Dr. Henry P. Walcott, Dr. Elijah U. Jones, Mr. Julius H. Appleton, Mr. Thornton K. Lothrop, Dr. Frank W. Draper, Mr. Hiram F. Mills, and Mr. James White. We understand that one of the medical members, Dr. Jones, is a homœopathist. Dr. Samuel W. Abbott is the board's secretary.

MARRIED TO A BRIDE SUFFERING FROM SCARLET FEVER.—A unique and remarkable wedding recently took place at Philadelphia. It was to have taken place in the Church of the Mediator, and all the arrangements had been made, the bridal trousseau completed, the bridesmaids selected, and all the numerous plans peculiar to occasions of this kind were fully mapped out. The bride, within a few days, began to feel ill, and grew so much worse that a physician was summoned, who found that she was suffering from scarlet fever, which was rapidly developing. The bride's condition and nervousness under the circumstances was distressing, and was shared by her friends, but she showed wonderful courage, and, although the gentleman gallantly consented to a postponement, declared her purpose to allow nothing to interfere with the marriage. At the bride's request, in which the gentleman, of course, gladly acquiesced, the wedding took place at the appointed hour at home. The bridesmaids, and all concerned did not hesitate to face whatever risk there might be, and performed their functions most heroically. After the ceremony the bride was left as quiet as possible with her relatives.

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[FOR EASTERN MEDICAL JOURNAL.]

Saccharine.

BY W. M. LESZYNSKY, M. D., NEW YORK.

Saccharine is the name of the new chemical preparation to which I wish to call your attention. This substance was discovered a few years ago by Constantine Fahlberg, a German chemist, residing in New York. The inventor claims that this compound, which is scientifically termed "Anhydro-Ortho-Sulphinide-benzoic acid," or benzoic sulphinide, contains the elements, carbon, hydrogen, oxygen, sulphur, and nitrogen, and possesses a similar taste as saccharose, or cane-sugar, but by far sweeter, so that it may be employed as an advantageous substitute for sugar in all cases where the latter would be too expensive; for instance, sweetening glucose, grape- or starch-sugar, and in other cases where cane-sugar is used for sweetening and preserving. A very dilute solution thereof tastes like a saturated solution of cane-sugar.

The antiseptic properties of saccharine will further recommend it for many purposes in the arts and medicine. Owing to the fact that saccharine cannot be classed under the heading of nourishments, like sugar and similar carbo-hydrates, it may be used for many medical purposes where cane-sugar is excluded from the diet of certain patients, as in cases of diabetes mellitus and other diseases.

Saccharine is difficultly soluble in cold water, it is more soluble in warm or hot water, and can easily be obtained from such solutions in the crystalline form. Alcohol and ether dissolve it readily. Being

a derivative of benzoic acid, it does not ferment like sugar and other carbo-hydrates.

Saccharine is produced from coal-tar and other analogous products, in particular from such as contain a considerable amount of benzine, toluene, etc.

In a paper read before the Society of Chemical Industry, Feb. 2, 1886, by Ivan Leyinstein, he states that "This singular substance has been known for the last few years only to specialists as a curiosity, on account of the difficulty of its production, and is likely, in consequence of further improvements by its discoverer in the process of manufacture, to enter the market as a commercial product. * * * * *

Saccharine presents the appearance of a white powder, and crystallizes from its aqueous solution in thick, short prisms, which are with difficulty soluble in cold water, but more easily in warm. Alcohol, ether, glucose, glycerole, etc., are good solvents of saccharine. It melts at 200° C. with partial decomposition.

Its taste in diluted solutions is intensely sweet, so much so that one part will give a very sweet taste to 10,000 parts of water. It is endowed with moderately strong antiseptic properties, and is not decomposed in the human system, but eliminated from the body without undergoing any change. It is about two hundred and thirty times sweeter than the best cane or beet root sugar. According to Dr. Stutzter, of Bonn, who has carefully investigated the physiological properties of this substance, saccharine, taken into the stomach in the quantities in which it has to be added to food as a sweetening material, has no injurious effect whatever on the human system.

ty or thirty times. As usual with these new treatments, patients improve in every respect. (II.)—[ROUSSEL.] Twenty cases "in which the bacilli tuberculosis gradually disappeared from the sputa." This result was accomplished in from two to three and a half months. Treatment was by the hypodermatic injection of eucalyptol. All the symptoms became ameliorated. "During the first week he makes daily injection of from three to five minims. The dose is then gradually increased up to twelve minims."—*N. Y. Medical Record*.

The Survival of the Fittest.—In *N. Y. Medical Record*, of Nov. 6, is an account of how Dr. Pohlmann thinks we go pretty fast, the laggards being badly left. The old fashioned phrase, which Dr. P. quotes, used to be, "Devil takes the hindmost." Dr. P. is right. Everyone for himself! God for all!—except the last one, and he naturally belongs to the Devil. AMEN.

Extra Uterine Fœtation.—A case of Dr. Bleything, where a daily application of a faradic current reduced the size of the tumor to one-third, in three days; in eight days, "the tumor is apparent, but of greatly diminished size, and nearly spherical in form; slight tenderness in deep pressure." Positive pole on abdomen over tumor, negative pole in recto.

It does not seem to make any difference whether the current is applied daily for a few times, or weekly for some time.

Hysterorrhaphy.—At a recent meeting of the Obstetrical Society of Philadelphia, for an account of the proceedings of which we are indebted to the secretary, Dr. W. H. Githens, Dr. Howard A. Kelly read a paper in which, under the name of hysterorrhaphy, he advocated an operation which, he thought, was to be preferred to shortening of the round ligaments in certain cases of retroversion or retroflexion of the uterus. The speaker stated that he first

did this operation on the 25th of April, 1885, in the case of a patient who had been under his care for nearly three years, and previously under that of several other physicians. The uterus was acutely retroflexed, the body large and soft, and the fundus lying below the level of the cervix. Months of rest in bed, accompanied with careful local treatment failed to overcome the flexion even temporarily. A year before, the right ovary had been removed by the vagina. The left ovary and oviduct were now removed, and, on raising the uterus, the operator felt a sharp band of cicatricial tissue half encircling the organ at the angle of flexion, which made it evident that any attempt to correct the condition from without would prove futile. Silk sutures were passed through the left horn of the uterus, and the body of the organ was slung from a point on the anterior abdominal wall about an inch and a half above the pubes, to the left of the incision. The suspensory sutures were passed between two ligatures encircling the horn at the base of the pedicle, to avoid the danger of tearing out and of bleeding. The uterus, thus suspended, remained in place for a year, when it was again dragged down by a distended state of the right oviduct.

Dr. Kelly thinks it would be well in future operations to suspend the uterus by both cornua. While in most cases, he added, the trouble would be found to be of long standing and involving the appendages in chronic disease incurable except by their removal, in some instances it would be well to try the effect on them of the drainage to be secured by raising the body of the uterus, and with it the appendages. The operation was to be urged in cases where the uterus had long been retroflexed and infiltrated, and was incapable of maintaining its proper attitude after the removal of the appendages. If there were adhesions, he thought they should be carefully severed.

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A Novel Method of Treating Pneumonia.—R. Lepine (*Ibid.*), recognizing the infectious nature of pneumonia, assumes that there are two ways of treating the disease: one by supporting the patient (with alcohol) and tiding him over the attack, the other by acting on the offensive, attacking the belligerents at the point of invasion and endeavoring to annihilate them. R. Lepine has been carrying on the latter mode of warfare during a year, and has met with such success that he wishes to put it before the profession for trial. His method of procedure is as follows: With a long needle of a Pravaz syringe he penetrates an intercostal space, to the depth of 2 to 3 centimeters, into the hepatized portion of the lung, then immediately applies the syringe to the cannula and injects 20-centimetre cubes of some medicated fluid; the needle is then withdrawn a short distance and made to enter another portion of the lung in the immediate vicinity, and the same quantity of fluid injected. This is repeated until four or five injections are made. He has experimented with several medicated solutions, and has had the best results with one of bichloride of mercury (1 in 20,000). The solution of bichloride at this strength he found not at all irritating to the lung tissue. The only precaution necessary in making the injections is not to penetrate the lung near the root for fear of penetrating the large vessels. The author has never seen an untoward symptom follow the injections, but has always observed a marked improvement in all the symptoms.

Gastrotomy for the Removal of Foreign Bodies.—In the *Archiv. für Klin. Chir.*, Dr. Credé, of Dresden, reports a case in which he successfully extracted from the stomach of a man, aged 24 years, a large denture consisting of eight false teeth. This foreign body was removed fifteen days after it had been swallowed, and the patient made a good recovery. Appended

to this paper are three tables of cases that have been collected from different sources by the doctor's assistant, Dr. Koch. The first of these tables contains references to ten cases of gastrotomy for removal of foreign bodies, in which the stomach at the time of operation was not adherent to the anterior wall of the abdomen. In eight of these cases the operation resulted in recovery; a remarkable success, it is pointed out, as four cases were treated before the introduction of the antiseptic method into surgical practice. Such results, Credé holds, should induce surgeons to have less hesitation in removing from the stomach, in suitable cases, a foreign body the size and form of which render its spontaneous discharge impossible. In the second table are arranged nine cases, in which the stomach was adherent to the abdominal wall. Of these one only was fatal. The third table contains seven cases, the detail of which were not given fully and clearly in the original published reports. Of these, so far as can be made out, one was fatal. Of twenty-six cases in all, in twenty-two the operation proved successful, and in four only was it attended with a fatal result.

The Inhalation of Cold Air in Fevers.—Dr. Woitkewitsch, of St. Petersburg, according to the *Deutsche Med.-Zeitung*, for July 8, 1886, has constructed an apparatus by means of which air, cooled by passing through an ice-chamber, can be inhaled. He reports as the result of upwards of seventy experiments the following: 1. Cold inhalations (continued for fifteen or twenty minutes) have but little effect in reducing the temperature. 2. The pulse and respiration are diminished to a marked degree. 3. The patients express themselves as much refreshed by the inhalations and sleep much better. 4. In acute pulmonary affections the bronchial secretion is greatly lessened.

Suture of Widely Divided Nerves.—Dr. Assaky presented a thesis on this

subject to the Paris Biological Society. The doctor advises that the central end be joined to the peripheral end by means of catgut sutures. Excellent results follow, even if no close approximation is possible, when the loss of substance is great.

Combinations of Lanoline.—O. Philipp has stated the result of his experiments as to the best modes of prescribing lanoline. With soft fats, fatty oils, and oily substances, such as *pix liquida*, *ol. canidi*, oil of turpentine, and *ichthyol*, lanoline mixes easily. Hard substances, as *cetaceum*, must first be melted, and then the lanoline stirred into the melted mass. Overheating of the lanoline must be avoided, otherwise separates from the cholesterin fat.

Treatment of Trichinosis.—In several cases of trichinosis in man, Fiedler has been successful in effecting a cure by the administration of one tablespoonful of pure glycerin every hour, in grave cases; in less pronounced cases, he advises a smaller dose hourly, as large quantities of glycerin may produce hæmoglobinuria and other toxic symptoms. It may also be given per rectum. German journals are very emphatic in declaring this agent a cure for the dreaded trichinosis.

Naphthalin as an Anthelmintic.—Dr. Coriander, of Samarkand, recommends naphthalin as a valuable economical remedy, especially in country and military practice, for worms, both *tænia* and *ascarides*. He gives children of from one to three years of age 2 or 3 grains twice a day. In the case of adults he gives from 20 to 80 grains a day in powder with sugar.

Electricity in Aneurism.—Results have been as a rule discouraging. Needles may be simply inserted, and withdrawn at end of séance; or yards of wire may be introduced into the sac (without using an electric current,) and left there. The wires may be passed through a needle, straight through everything; or laparotomy (in abdominal aneurism,) may be performed first;

then introduce the wires directly into the sac.

In a case of Dr. Lange, the needle was passed through the abdominal viscera—they were then introduced and left. More than a gallon of blood was effused, probably from the needle passing through the liver. Clotting was incomplete; the patient died. Thirty feet of wire were used.

An Unrecorded Danger from Continued Large Doses of Iron.—When iron is indicated and ordered, it usually happens that its use is persevered in for a long time.

Dr. J. Strahan calls attention, in the *British Medical Journal*, September 18, to the fact that it is likely to cause intestinal concretions, and we should remember this fact.

Two Cases of Reunion of Cut-off Fingers.—In the *Russhaia Meditzina*, Dr. S. D. Ivanoff, of Briansk, furnishes details of two interesting cases occurring in healthy soldiers, one of whom had accidentally cut away, by a stroke of an axe, the second phalanx of his right forefinger, while another had severed in a similar way, the second phalanx of his second thumb. In the former, the part hewn off was still united the hand by means of a bridge of skin about two centimetres in breadth, the axe having passed through the first interphalangeal articulation. In both of the cases the cut was clean, without any crushing of the parts. The first man was seen two hours after the accident; the second, three hours. The wounds were washed with a corrosive sublimate or carbolic solution, and the severed parts were accurately fixed by sutures in their normal situation, after which an iodoform dressing was applied. In both perfect union by the first intention ensued, with return of sensibility and (limited) mobility.

Absence of One Lung.—This, with perforate cardiac septum, is noticed in a case in the *New York Medical Journal*.

Eastern Medical Journal.

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WORCESTER, MASS., DEC. 1, 1886.

Questions Concerning Phthisis.

Of late, there has been activity evinced in discussing and investigating the more approved forms of therapy and prophylaxis of phthisis. This present article will note simply the question of attempts at prevention. Phthisis is such a serious disease, that all contemporary experiments and scientific clinical evidence should be eagerly read, and carefully considered. Modern treatments, surgical and medical, as well as treatment by bacteriotherapy, have been useful to a great degree; but prevention is still an all-important item.

Although it rarely happens, still a person not afflicted, sleeping with a person afflicted with phthisis, especially in its advanced stages, does contract the dreaded malady.

It has lately been scientifically and very properly proposed, to place disinfecting liquids in spittoons used by phthisical patients. This might possibly neutralize a great deal of danger, but there is still the danger of sitting in a room, especially when closed during winter, and no fireplace, but radiators are used,—with a phthisic, inhaling the clouds of bacilli.

Steam vaporizers (using cresylic acid,) might in this case be kept going, adding any perfume that might be agreeable. But here is the most important point, in the matter of animal food. Cattle, cow's milk and poultry have been strongly (from clinical evidence,) supposed to convey tubercle bacilli to those partaking of the same, especially if the meats have not been sufficiently cooked.

In the case of milk, we should strongly recommend its being boiled as 212° generally destroys spores as well as bacilli.

The milk need not be drunk warm, but allowed to cool.

As cattle, as well as other animals killed for food, are often sent to the market in a diseased condition, it is very likely that tubercle may be received in that way.

Cattle are not usually met with in districts inhabited with wild animals; at present, there are no direct means of knowing whether those wild animals are affected with phthisis or not. In menageries, we now and then hear of the wild beasts dying of phthisis; but that is generally attributed to the vicissitudes of our changeable climate. No account is held of the joints of cattle meat fed to the animals; it is certain that the wild animals do not get the best quality of meat; in fact, they may be treated to horse flesh, said horses having died naturally of disease. Regarding surgical treatment, we will quote the following slip:—

Dr. Prangrueber has performed a new and wonderful operation at the Trousseau hospital. A child, some 12 years of age, was brought there to die of a disease of the lungs. The atmosphere of the room where she lay soon became so foul that none could approach her bed, and the poor little girl cried for death during a whole week. Physicians hesitated, but in con-

sideration of the certainty of a fatal issue, the consulting doctors decided, in the interest of science, that an effort should be made to test the possibilities of Prengriuber's pet theory. Accordingly the child was put to sleep and the operation performed, the diseased flesh and ribs being cut out and the lung tissues burned. This does not, of course, sum up the details of the operation, which occasioned no loss of blood to speak of. The result in three weeks was a return to health for the patient, and great fame for Prengriuber, who is from Algeria, and not quite 40 years of age. Pneumotomy is the term applied to the operation.

Magnificent Donations.

We have now frequently to record immense largesses from private individuals to medical institutions. These donors deserve a large meed of praise; but they would never have thought about medical matters, if their physicians had not brought the subject before their attention; therefore we should gratefully remember Dr. McLane in the Vanderbilt donation, and Dr. Jacobi in the Woerishoffer donation—the latter being twenty-five thousand dollars to the New York Academy of Medicine.

Doubts About Syphilis.

If there were a disease about which there should be no doubt, it ought to be syphilis. It was formerly conceded that a treatment by mercury, during four to six weeks, would cure. Since the substitution of hydriodate of potass, we are troubled with "mixed treatment," fabulous doses of iodide ter die,—and, finally, that either mercuric or iodized treatment may be continued to eternity, and still the wretched patient will not be cured! Wretched indeed—if the medical advisers know not what to do! This by preliminary.

Some think and say that syphilis is today loosing many of its horrors. Others,

as Lyttle, of the New York Postgraduate, stoutly affirm that the dreadful lesions of yore are seen even to-day. Both of these diametrically opposed parties comprise "teachers;" which to believe?

Contrary to every other disease, syphilis was formerly supposed to effect the external portions only of the body—bone or flesh. At present, the pendulum swings the other way; as every paralysis, nervous complication, or visceral disease is suspected to have syphilis for its cause. It has come to such a pass that any and everybody going to a doctor's office or clinic, may be flip-pantly pronounced *syphiletic*; in the same way that any shopper going into a store, might be arbitrarily branded as a thief.

Much is now being written about cerebral and spinal syphilis. With the help of neurologists, this might embrace the whole body.

Truly, we seem to be billing a successful season of "three hundred nights" for the syphilographers. *Don't get Syphilis.*

Hereditary immunity is now being denied.

Thyrodectomy.

Incising the thyroid cartilage is now proposed as facilitating the removal of sub-glottic growths. This is merely a small portion of the old operation of cutting into the larynx below the chin.

The Naval Medical Service.

Periodically, complaints are heard that medical officers in the Navy have not the same pleasant social surroundings as on shore. Medical journals on these occasions, take a partizan view of the case, with the natural consequence that their articles are not noticed by bureaux. A medical jour-

nal, like any other kind of a journal or newspaper, to secure its articles being respected, should analyze the subject, and present the case in an impartial way. Then, as in the present case, naval authorities, and the officers themselves, would probably turn attention to the matter, and do very nearly what was right.

We are unable to see what social etiquette has to do with giving a sailor a dose of jalap, or setting a fracture. If the ship doctor attends to his armamentarium, drinks less, and lets the officers attend to the dancing and flirting—it will be better for himself and the equipage.

Nothing can be gained by a title of rank; the doctor is already supposed to be a gentleman, and, consequently, equal, socially, to the naval officers.

The "Major," accorded to regimental surgeons, is absurd and useless. The doctor is NOT a major, knows nothing whatever about military matters, and could not even handle a company of men.

Coming back to the navy, it is simply intolerable that a doctor should obtrude his unasked opinion, and consider his judgments on the same as those of the commander of the ship, especially if they materially interfere with the latter.

A naval or military commander is bound both to his government and the nation at large, to so conduct affairs, as will redound the most to the glory of his country.

A ship or regimental surgeon, has (besides ordinary medical and surgical duties) certainly, to attend to matters concerning infection, quarantine and hygiene. As to those, he may respectfully lay his plans and suggestions before the commanding

officer. In the army, such suggestions would very properly be sent up to the staff. If possible, his suggestions will likely be adopted, because the larger the number of effective men, the more successful will be the result of operations and manœuvres.

With matters of regimen and diet the surgeon should be non-committal; because, in campaigns, long marches, or voyages, the authorities do the best they can. Before starting, however, the home medical authorities see to it that anti-scorbutic stores and properly tinned goods are provided.

Such an editorial as in the *New York Medical Journal*, Dec. 4, '86, p. 634, does no good whatever; only accentuates the existing antagonism, and *postpones* a rational settlement of issues.

Finally, we may be pardoned in suggesting that, just possibly, a great many of the alleged grievances are purely imaginary. A medical attaché should be housed, and treated in the same way as naval officers; but as to the ranking, and heart-burning social preferences—*bosh*.

Galvanism in Extra-Uterine Fœtation.

These cases are now and then recorded, singly or in series; but we do not know of a case where the *modus operandi* was more clearly stated than in a patient of Dr. Goellet, treated electrically by Dr. Rockwell (*New York Medical Journal*, Dec. 4, '86.)

After a few preliminary applications, weekly, séances of twenty minutes were held, with twenty cells; these lasted from May 3d, to July 12th; of course one pole (positive,) over the abdomen, and the other against the tumor, in the vagina. The

tumor, then, felt through the vagina, "was about the size of a small egg. On Sept. 22d, the accumulation was scarcely perceptible, and not sensitive to ordinary pressure."

This is an extremely gratifying case. Any practitioner can perform this simple manoeuvre. Dr. Rockwell says it is not necessary to pass the needles into the foetal mass.

Cæso-phagotomy and Gastrotomy.

These sections are now much more frequently performed than in former times.

Cæso-phagotomy.—This should not be delayed, in the case of impaction of a foreign body, for the simple reason that the substance may ulcerate its way, partly or wholly, through the wall, complicating the operation and prognosis. The patient should be fed through the tube of a stomach pump, passed along the floor of the nostril. Separate sutures for cæso-phageal and external cuts. We do not think that draining is necessary.

After section of gullet or stomach, the continuous suture would ensure the best coapation.

Cerebral Syphilis.

Several observers have recently demonstrated that cerebral lesions need not necessarily occur late in the course of the disease; in fact, these may accompany muscular eruption. Many fatal cases, and cases of paralysis are credited to syphilis. Cases of paralysis, when taken early, are frequently cured by specific treatment.

End of Volume VI.

With this number of the JOURNAL, volume six ends, in order that we may begin

the new year with a new volume. Owing to the changes which have been made during the past year, the JOURNAL has been necessarily divided into two parts; the first part being issued semi-monthly, and having but one column of reading matter to a page, while the last part has been issued monthly, is larger and contains two columns to each page. This will, of course, make it inconvenient for binding, but we believe that the advantages gained by the change will offset that fault. The Index covers the whole year, however, and will, we believe, show that the "Eastern" has kept its record up as being one of the foremost in presenting to the profession the best and newest thoughts of some of the ablest medical writers.

Prospects of the "Eastern."

While the JOURNAL has long passed its experimental stage, and become an established reputable medical periodical, it is about to enter the new year with every prospect of a still greater success than has yet been attained.

As all new medical publications find it difficult to secure the aid of able contributors, until they have reached a prominent position as a medical periodical, so, formerly, this Journal labored under like embarrassments; but now its success has been established the newest and best material may easily be obtained for its pages. This may be substantiated by a glance at our list of contributors for the past year; and for the year to come we can promise still richer treats.

The January number will contain matter worthy the best medical publications; including an exhaustive article upon the sub-

ject of "Mechanical Treatment of Elbow Joint Disease,"—illustrated with six fine wood cuts—by **Milton Josiah Roberts, M. D.**, Professor of Orthopædic Surgery and Mechanical Therapeutics, in the New York Post-Graduate Medical School and Hospital, Visiting Orthopædic Surgeon to the City Hospital, on Randall's Island, etc.; a valuable article on "Rhigolene Anæsthesia in Intra-Nasal Surgery,"—illustrated—by **William Chapin Jarvis, M. D.**, Professor of Laryngology and diseases of the Nose and Throat, in the New York University Medical College; Consultant to the Clinic for Diseases of the Throat, in the Out Door Department of Bellevue Hospital, and author of a late practical work on "Catarrhal Affections of the Nasal Passages as a Cause of Pulmonary Phthisis," which has been highly extolled by medical critics.

On the whole, the next number will be the best yet issued, but we do not intend it to lead in excellence the numbers which are to follow.

Obituary.

Dr. John P. Gray, Superintendent of the State Lunatic Asylum, who had been sick for some time, died at Utica, N. Y., Nov. 29. Dr. Gray never fully recovered from the shock of his attempted assassination by a man named Reimshaw, in 1882. He had just returned from Washington, where he acted as the chief medical adviser of the Government in the trial of Guiteau for the assassination of President Garfield, and was sitting in his private office on the afternoon of March 17 when a tall man entered, leveled a revolver at the doctor, and fired. The ball entered his left cheek, passed through the flesh, and out at the other side of the cheek. His would-be assassin gave himself up, and proved to be

Henry Reimshaw, a man who had been insane for some 19 months.

Dr. Gray received his medical education at the University of Pennsylvania, graduating from the medical department of that institution in 1848. He devoted himself to the treatment of mental diseases, and it was his success in this specialty that brought him to the position of Superintendent of the State Lunatic Asylum. In 1876 he was a delegate from the New York State Medical Society to the International Medical Congress, which met at Philadelphia. He was chosen President of the section on mental diseases, and the paper on "Mental Hygiene" which he read at that time was published in the transactions of the congress. Dr. Gray established in the asylums of this country the microscopic study of the brain. At the time of his death Dr. Gray was a member of the American Medical Association, the Association of Medicine, the State Medical Society, the Association of Superintendents of American Institutes for the Insane, and the Oneida County Medical Society. He was also Professor of Psychological Medicine and Medical Jurisprudence in the Bellevue Hospital Medical College, and Professor of Psychological Medicine in the Albany Medical College of Union University.

Dr. William Henry Dudley, President of the Collegiate Department of the Long Island College Hospital, died recently, at his home in Brooklyn, New York. Dr. Dudley has not been in good health for over two years, having been troubled with diabetes. This disease undermined his constitution, so that when recently attacked with bronchial pneumonia he was unable to throw it off. A pulmonary hemorrhage was the immediate cause of death. Dr. Dudley was born in Ireland in 1811. In that country he spent his youth and received his education. Developing a taste for the medical profession, he entered the

Royal College of Physicians in Dublin, from which he graduated in 1833. The young physician then turned his steps toward the West, and became Health Officer at Port Maria, Jamaica. He was also made a Fellow of the King's College in the West Indies. While in Jamaica he married Miss Emily W. Fitz Gibbons. In 1841, Dr. Dudley came to New York and received a diploma from the College of Physicians and Surgeons. Soon after he moved to Brooklyn. In Brooklyn his life work has been the building up of the Long Island College and Hospital. He was instrumental in its formation in 1859, contributing his private means and time to aid in its thorough establishment. He was the first to apply in this country the plan of having a hospital connected with a medical school of instruction, whereby the medical profession could be studied at the bedside of a patient. This plan has since been adopted all over the country. Besides his college duties Dr. Dudley had a large private practice in Brooklyn. For the past few years he has been President of the Collegiate Department of the hospital. Dr. Dudley was a member of the Kings County Medical Society, and was also connected with St. John's Hospital. At one time he was a curator of the New York Medical College.

Dr. Ralph L. Stone, one of the house physicians at the Kings County Hospital, at Flatbush, N. Y., committed suicide by shooting himself in the forehead. The bullet penetrated to the brain, and Dr. Stone died in a few hours. One of his associates, Dr. Arnold heard the first shot and rushed into Dr. Stone's room to find that gentleman staggering about and discharging his pistol recklessly. He soon fell to the floor and became unconscious. Every aid was rendered, but he died at 5 o'clock. The pistol contained five exploded shells, but only one wound was inflicted. Coroner Menninger held an inquest at

which Dr. Arnold was the only witness. No motive for the crime could be assigned, other than over study.

Dr. Stone was 22 years of age, a native of Pennsylvania, and graduated from the University of Pennsylvania a year ago. He was a nephew of Dr. Spicer, United States Naval Surgeon, stationed at the Navy Yard. He was unmarried.

Medical Items.

Harvard.—At the recent celebration, the degree of Doctor of Laws was honorably given to Dr. Billings, of Washington, and Drs. Weir, Mitchell and Leidy, of Philadelphia. Dr. Leidy already bore the title of LL. D.

New Medicines.—All of the new and popular medicines, as well as disinfectants, have now and then been attended with fatal results in their administration. We should be careful about surpassing other practitioners in regard to dosage, for the sake of making a record.

Temporo - Maxillary Anchylosis.—Two very interesting cases are given (*ditto*), with removal (subperiosteal,) of bone wedges. Anchylosis occurred after fever. The operators were respectively Drs. Lange and Gerster.

Paralysis of the Masseter.—A Massachusetts maiden lady lately lost control of her jaw, and the physician whom she consulted said had worn out the muscle that acts as a hinge by too constantly employing it in the pernicious habit of chewing gum. Gum-chewing girls should abandon the practice at once. It would be "too dreadful for anything," to have their conversational machinery disabled.

Dr. Colin, of Paris, recently read a paper before the Academy of Sciences, showing that the annual average number of deaths from rabies in France is twenty-six, and that since M. Pasteur began his course of treatment the same number of

patients have died. According to official statistics the number of persons bitten by mad animals last year in France was 351, while M. Pasteur has treated 1,700 patients. Dr. Colin concludes that the Pasteur system is of doubtful efficacy, and he is alarmed for the results of virulent inoculation.

A Bullous Eruption Caused by Salicylic Acid.—Dr. Rosenberg reports in the *Deutsche Medicinische Wochenschrift*, a case of rheumatism treated successfully, as regards the articular pains, with salicylic acid. But the patient complained of a severe burning of the skin and the body became covered with purplish spots. The medicine was discontinued for a time, but on another trial, a month later, the same sensation was complained of, and in addition to the discoloration of the skin there appeared a number of large blebs filled with serum, situated on the back and extremities, and also upon the conjunctiva and mucous membrane of the tongue and lower lip. A third trial resulted in a precisely similar eruption. Examination of the fluid in the blebs failed to reveal the presence of salicylic acid.

Ingluvin.—A favorite prescription of Chinese physicians for chronic indigestion, is to cut up and digest chicken gizzards in hot water until they are reduced to a pulp, and then add some spices. A tablespoonful of the resulting paste is taken at each meal until the patient has entirely recovered. From China the practice passed to other parts of Asia, and was adopted here and there among Mediterranean people. Strange to say, it was never learned by the great nations of Europe until the latter part of the present century.

Remarkable Injury of the Finger.—M. Thomas, of Tours, has described to the Paris Society of Surgeons, a remarkable injury of the third finger which had come to his notice. One of his patients, going home late without his key, wished to climb an iron railing with sharp-pointed tops.

When dropping down, he felt himself retained by his third finger, which gave way at last; and, going to his room, he found that his finger was completely stripped of its integuments. A medical man, called at once, found the finger caught on the railing by a ring. The finger appeared complete, but without the bone. M. Thomas was called an hour after, and reintroduced the bone into the finger. He applied two sutures, and bandaged the hand. The extremity of the finger became gangrenous. However, the patient had from this attempt the benefit of preserving nearly a phalanx and half of his finger. M. Thomas has not found any such case on record.

The Length of a Step.—Dr. Gilles de la Tourette has recently published a monograph upon normal locomotion and the variations in the gait caused by diseases of the nervous system. He found, from a comparison of a large number of cases, that the average length of a pace is, for men 25 inches, for women 20 inches. The step with the right foot is somewhat longer than that with the left. The feet are separated laterally in walking about $4\frac{1}{2}$ inches in men, and about 5 inches in women. The ataxic gait is characterized by an actual shortening of the pace coinciding with an apparent lengthening, and by a considerable increase in the lateral separation of the feet.

A Parisian Mystery.—An example illustrating the necessity of post-mortem examination of the bodies of all persons who have died under suspicious circumstances, or from any unknown cause, has recently occurred in Paris. The dead body of a little girl was found in a street (Rue Vert-bois), and as no person came forward to claim it, this, of course gave rise to all sorts of suspicions as to the cause of death. This, however was soon cleared up at the morgue, where at the necropsy Dr. Descouts discovered in the trachea of the child an intestinal worm (the *ascaris lumbricoides*.)

fifteen centimetres long, to which he attributed the cause of death by asphyxia.

An Unusual Case of Poisoning.—The papers have recently related a fatal case of poisoning from an overdose of podophyllum. A physician in Maine ordered, in a prescription, "Podophyllum, gr. ss." The last two letters were mistaken by the druggist for figures, and read "88." He thereupon dispensed the latter quantity, which was taken at one dose (as was presumably ordered for the correct quantity), death occurring soon after. The clinical history of the case is not given; but the toxic symptoms were probably those of an acute irritant poison. However much the physician may be blamed for his illegible writing, it is hardly conceivable how any druggist could have given such a quantity of a powerful drug without at least verbal instructions to the customer as to its potency.

Ikteros Typhou is the name given by the local physicians to a disease which has been very prevalent in the Grecian city of Nauplia, the capital of the province of Argolis. It attacks chiefly those in easy circumstances, and usually terminates fatally in from one to three or four days. The symptoms of the disease are not reported, but it is said that the dead bodies are first of a bright yellow color, which changes to black as decomposition rapidly sets in. The etiology of the disease is uncertain. Some of the physicians attribute it to the leaky condition of the city sewers and consequent pollution of the soil, others to the presence of neighboring marshes. It is hoped that a commission may be sent to Nauplia, by the government to make a scientific study of the disease.

An Infirmary for Sick Animals.—Among the bequests of the late Mrs. J. W. Ryerss, of Philadelphia, is one of \$70,000 to the Pennsylvania Society for the Prevention of Cruelty to Animals, of which her son, Robert W. Ryerss, is President. This

sum is to be used in the erection and endowment of an infirmary for animals sick and disabled. A clause of the will provides that \$30,000 shall be used in the erection of suitable buildings for the purpose, and the other \$40,000 shall be used in endowing the infirmary.

Reorganization of the Jefferson Medical College.—It has been announced, we believe correctly, that there will be a reorganization of the Jefferson Medical College. The office of Dean will be abolished, and those of president and secretary be established—Professor J. M. Da Costa, M. D., to be President, and Professor J. M. Holland, M. D., to be Secretary of the Medical Faculty. Professor Roberts Bartholow, the present Dean, will resign.

Death Following an Application of Collodion.—A death is reported in France from the application of collodion to the face of a woman suffering from small-pox. The design of the application was to prevent pitting. Suppuration took place under the mask of collodion, and the patient died after great suffering. As the small-pox was discrete and uncomplicated, and the autopsy showed no visceral lesions, the fatal termination would seem to have been due to the injury resulting from the collodion.

A noted lawyer of New York became so interested in the case of a client—the President of a down-town bank—that, while sitting in the banker's office discussing some new papers in the case the other day, he calmly lighted a cigar, gave one or two puffs, and then, with the coal of fire on the cigar's tip well developed, put the lighted end into his mouth, and dreamily went on chewing away just as if it were an innocent wooden toothpick. The unfeeling fire burned, and the lawyer has been two days away from his office. A physician whose attention was called to this case, says that a very large percentage of the troubles that make calls on the doctor

necessary in New York are to be attributed to absent-mindedness. As illustrative of this, he cited a case in his own practice where a lady who is conspicuous in society finished her toilet not long ago for an evening at the theatre, and as a finishing touch drank the eau de cologne that stood on her dressing case. She was seriously sick for over a fortnight.

Gov. Hill, of New York appointed ex-Senator Thomas Newbold, of Poughkeepsie, and Prof. Maurice Perkins, of Union College, Schenectady, to be Health Commissioners, to fill the vacancies in the State Board of Health caused by the death of the Hon. Erastus Brooks and the resignation of Dr. Edward M. Moore, of Rochester.

Iodol in Gynecological Practice.—Mr. Meniere has used iodol with excellent results as a local application for ulcerations of the neck of the uterus, and even in a few cases of vulvitis in strumous girls. He employs a mixture of iodol half a drachm, glycerine one ounce, and alcohol two ounces.

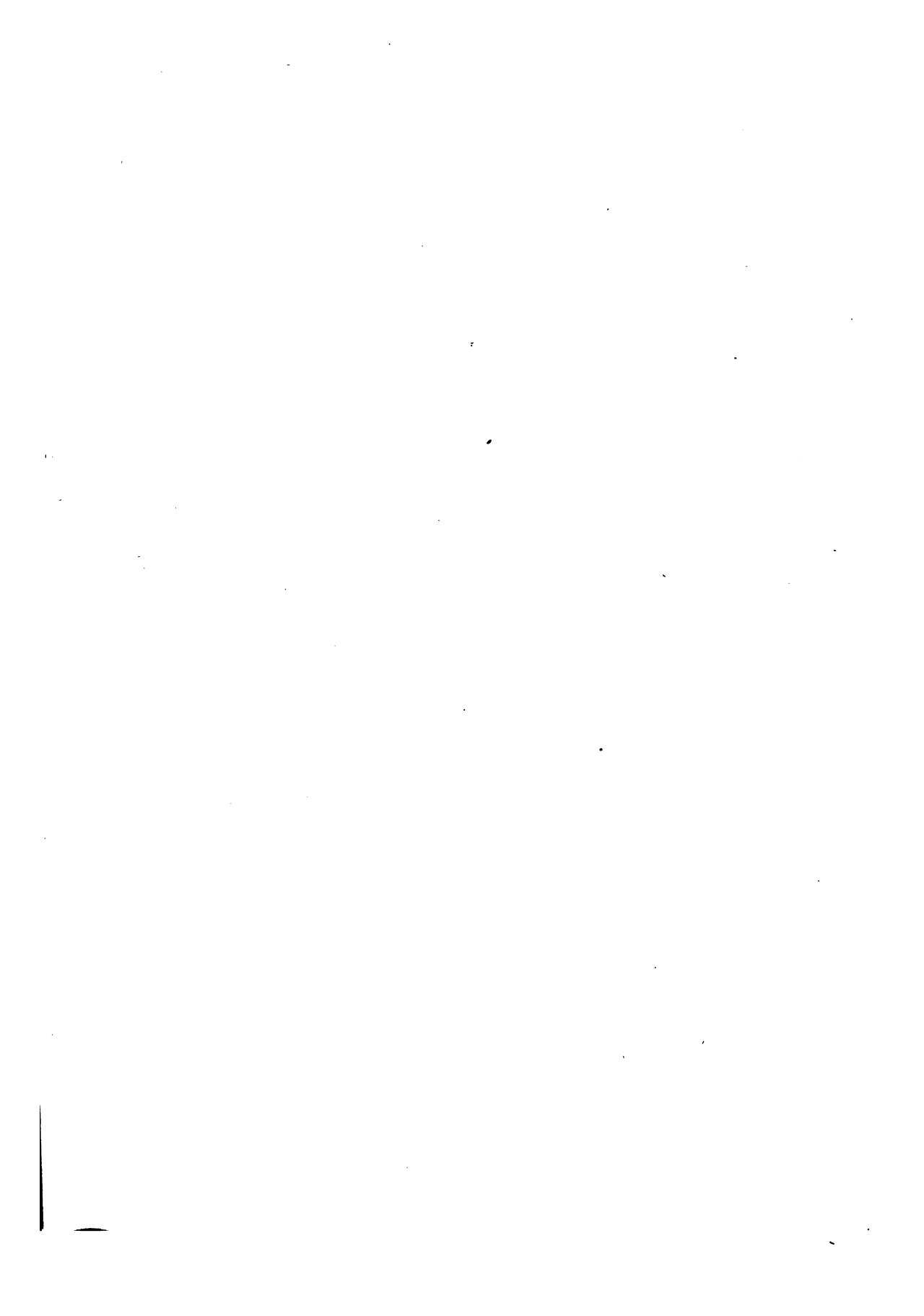
Lived Without a Skull.—A man named P. Woodall, who has lived without a skull for nearly five years, died at Hartzell, Tenn., Nov. 19. Five years ago Woodall was found lying in a fit before an open hearth, his head amid the hot embers of an expiring fire. When rescued nearly the entire top of his head down to his eyes had been burned to a crisp. He was carefully cared for, and as a last resort the surgeon removed the entire skull as low down as the socket of the eyes and equally as far in the rear. An artificial covering was placed over the brain to protect it from exposure, and in a few weeks a thin film formed over it, and, strange to say, the man lived and retained all his faculties. The membrane never hardened, and up to the hour of his death, which resulted from causes not remotely affected by the absence of a skull, the convolutions of the

brain could be easily discerned and its throbbings clearly seen.

Cremation by Electricity.—A movement has been set on foot in Italy toward erecting in one of the principal towns an electrical crematorium. In this edifice the corpses will be instantly consumed by means of an intense heat caused by electricity. Various European cremation societies are reported to have dispatched representatives to Italy to make inquiry as to the feasibility of the scheme, which it is expected, will, if successful, very soon replace the more elaborate methods now generally adopted. Partisans of cremation are sanguine that the introduction of electricity would instantly remove the objections held by many European States against the burning of bodies. Dogs—we presume dead dogs—have already been subjected to the process by its inventor with a considerable degree of success. Their bodies forthwith evaporated into nothingness, and there was perceptible none of that disagreeable odor of burning flesh, which inhabitants are said so greatly to resent.

Laws Regulating Doctors.—The Russians are not in all respects a nation to be imitated, but there are some things we might learn even from them. For instance, a Russian doctor who fails to attend a patient when called upon to do so, commits a legal offense, the punishment for which is a fine varying from 5 to 100 roubles, or, in a case of gravity, a term of three months' imprisonment. This is a much better means of keeping a medical man up to the mark, where the patient is not a "paying" one, than the remote prospect of an inquest before a medical Coroner. I observe, too, that in Russia medical fees are regulated by law, which is also not a bad idea.

The Emperor of Austria, who is a great smoker, has been ordered by the doctors to give up the fragrant weed. They attribute his neuralgia to it. His Majesty was in the habit of using 20 cigars daily.



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